

**HOFSTRA UNIVERSITY**  
**FRANK G. ZARB SCHOOL OF BUSINESS**  
**DEPARTMENT OF MARKETING AND INTERNATIONAL BUSINESS**

INTERN EVALUATION FORM

NAME OF STUDENT: \_\_\_\_\_

DATE OF INTERNSHIP: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

NAME OF EVALUATOR: \_\_\_\_\_

TITLE/POSITION: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

PHONE NUMBER & EMAIL: \_\_\_\_\_

**EVALUATION**

**PLEASE RATE THE INTERN ON THE CRITERIA LISTED BELOW**

	<b>EXCELLENT</b>	<b>GOOD</b>	<b>FAIR</b>	<b>POOR</b>
Work habits	[ ]	[ ]	[ ]	[ ]
Understanding of his/her responsibilities	[ ]	[ ]	[ ]	[ ]
Interest in the area	[ ]	[ ]	[ ]	[ ]
Ability to work independently	[ ]	[ ]	[ ]	[ ]
Capacity to execute assigned responsibilities	[ ]	[ ]	[ ]	[ ]
Reliable intern	[ ]	[ ]	[ ]	[ ]
OVERALL EVALUATION	[ ]	[ ]	[ ]	[ ]

Total number of hours the intern worked during the semester: \_\_\_\_\_ hours

Would you be interested in having future interns from Hofstra University? [ ] Yes [ ] No

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature**  
(Supervisor of the Student/Intern)

\_\_\_\_\_  
**Date**

**FORM TO BE FILLED OUT BY EMPLOYER AND RETURNED TO**  
**THE STUDENT'S INTERNSHIP ADVISOR**

148 HOFSTRA UNIVERSITY, HEMPSTEAD NY 11549  
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