J-1 Student Intern Evaluation

In accordance with Department of State Regulations, the hosting professor of a University of Arizona intern must provide an evaluation of the intern’s program progress.

Program evaluations must be submitted at the mid-point of the Intern’s original program, and again at the conclusion of the Intern’s program. Programs less than six months in length require only one evaluation, to be submitted at the conclusion of the internship. If an extension request is made on behalf of the intern, a completed intern evaluation must be submitted with the request for program extension. Extensions will not be granted to interns whose program evaluations have not been submitted. Host professors must be current on intern evaluations for all interns under their sponsorship to have J-1 applications processed for a new intern.

The hosting professor should fill out Part I completely and then review the evaluation with the intern. The intern should then fill out and sign Part II. As the intern must sign the evaluation, it is recommended that the evaluation be completed before the intern leaves the US.

PART I (this section must be completed by the host professor):

Intern’s Name: ________________________________

Professor’s Name: ________________________________

Professor’s Title: ________________________________

Department: ________________________________

Check One: Mid-Program Evaluation _______ End-of-Program Evaluation _______

Evaluate the intern’s performance related to the specific objectives as outlined in the Training Plan.

Excellent _____ Above Average _____ Average _____ Below Average _____

Comments:

Were there any deficiencies or problem areas that should be addressed?

Yes ______ No _______

If yes, please comment:

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How would you rate the overall training program and its benefits to you:

Excellent _____ Above Average _____ Average _____ Below Average _____

Comments:

Other comments:

Professor’s Signature __________________________ Date _____________

PART II (to be completed by the intern):

Full Name: ____________________________________________

Email: ________________________________________________

Telephone: __________________________

Dates of Current Training Program _________________ to _________________

How would you rate the overall training program and its benefits to you:

Excellent _____ Above Average _____ Average _____ Below Average _____

Comments:

Other comments:

I hereby certify that I have read the Intern evaluation completed by my Sponsoring Professor.

Intern’s Signature __________________________ Date _________________

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