



INTERNATIONAL STUDENTS & SCHOLARS OFFICE
University of Massachusetts Lowell
<https://www.uml.edu/isso/>

J-1 Student Intern Evaluation Form

In accordance with US Department of State regulations, **22 CFR 62.23(i)(5)**, the hosting University of Massachusetts Lowell faculty mentor/supervisor must evaluate the progress and performance of the J-1 Student Intern prior to the completion of the internship. **All internships require a final concluding evaluation. The internships lasting longer than six months also require at least one additional evaluation undertaken at the midpoint of the program.** The hosting department must retain J-1 Student Intern evaluations (electronic or hard copy) for at least 3 years following the completion of each intern's program.

Instructions: The faculty/supervisor should complete and sign Section 1 and the J-1 student intern should complete and sign Section 2 of the form below. This completed and signed form must be returned to the ISSO within seven days of the end of approved internship period or midpoint period.

SECTION 1: TO BE COMPLETED BY THE HOST FACULTY/SUPERVISOR

Type of Evaluation (Check one): Mid-Program Evaluation End-of-Program Evaluation

Student Intern's Information

Family/Last Name: _____ Given/First Name: _____

Full Name and Title of Faculty/Supervisor _____

Email of Faculty/Supervisor _____ Hosting Department _____

1. Evaluate the Student Intern's performance related to the specific goals and objectives as outlined on the DS-7002 training plan.

Excellent Above Average Average Below Average

Comments:

2. How would you rate the overall training program and its benefits? :

Excellent Above Average Average Below Average

Comments:

3. Are there any problem areas that should be addressed to improve the experience of future interns?

Yes

No

If yes, please explain:

The above-named student is making/ has made satisfactory progress towards reaching the goals and objectives outlined for the internship program.

The above-named student is not making/has not made satisfactory progress towards reaching the goals and objectives outlined for the internship program.

Signature of Faculty/Supervisor_____ Date_____

SECTION 2: TO BE COMPLETED BY J-1 STUDENT INTERN

Name of Student Intern: _____ Email Address: _____

1. How would you rate the overall training program and its benefits to you?

Excellent

Above Average

Average

Below Average

2. How will this internship experience be of value to your academic program in your home country upon your return?

3. Provide any recommendations you may have to improve this internship program.

I hereby certify that I have read Section 1 of the Student Intern Evaluation, which was completed by my Sponsoring Faculty/Supervisor.

Student Intern Signature_____ Date:_____