



Final Assessment for Research

Supervisor: This student has completed a minimum of 45 hours of research experience with your organization as one of their Honors College Experience requirements. Please complete and sign this form and return it directly to igorski3@buffalo.edu or the address below:

University Honors College
106 Capen Hall
Buffalo, NY 14260-1670
(716) 645-3020

This form will be placed in the student's file.

Student Name _____ Email: _____

Faculty Supervisor _____ Email: _____

Worksite Address _____

Worksite Telephone _____

Hours completed _____ Dates of service _____

Assessment of the student's research experience (may attach a separate sheet):

Aspects to consider in your evaluation:

- o Did the student satisfactorily perform the duties set out in the contract?
o Was the student... professional, punctual, curious, committed, team oriented, open to new experiences, open to feedback, able to take initiative... in their dealings in your organization?

Multiple horizontal lines for writing notes or additional comments.

Additional Comments

Horizontal line for additional comments.

Grade You Would Assign: _____ (This will be the student's final grade. It is based on your assessment of the student's performance alone.)

Supervisor's Name _____

Supervisor's Title _____

Supervisor's Phone Number _____

Supervisor's Signature _____