

## FINAL ASSESSMENT FOR RESEARCH INVOLVEMENT

### SECTION I: SUPERVISOR INSTRUCTIONS

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 to be placed in the student's file by emailing [honors@buffalo.edu](mailto:honors@buffalo.edu) (Attn: Jessica Gorski) or by mailing it to the address below:

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

### SECTION II: FINAL ASSESSMENT FOR HONORS STUDENT

**Student Last Name** \_\_\_\_\_ **Student First Name** \_\_\_\_\_

**Student Email Address** \_\_\_\_\_ @ buffalo.edu

**Faculty Supervisor** \_\_\_\_\_

**Faculty Supervisor Email Address** \_\_\_\_\_

**Name of Worksite** \_\_\_\_\_ **Worksite Telephone** \_\_\_\_\_

**Worksite Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Total Hours Completed** \_\_\_\_\_ **Dates of Service** \_\_\_\_\_

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

*Aspects to consider in your evaluation:*

- *Did the student satisfactorily perform the duties set out in the contract?*
- *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?*

**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 Telephone Number** \_\_\_\_\_

**Supervisor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_