

FINAL ASSESSMENT FOR CO-OP/INTERNSHIP EXPERIENCE

SECTION I: SUPERVISOR INSTRUCTIONS

This student has completed a minimum of 45 hours of co-op or internship 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 (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 _____

Name of Organization _____

Organization Address _____ City _____ State _____ Zip _____

Organization Telephone _____

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: _____ (*The Honors College will assign the student's final grade based on your assessment as well as the student's reflection paper and journal*)

Supervisor's Name _____

Supervisor's Title _____ **Supervisor's Telephone Number** _____

Supervisor's Signature _____ **Date** _____