



Final Assessment for Internship/Co-op Experience

Supervisor: 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 directly to jgorski3@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 _____

Name of Organization/Placement Site _____

Organization Address _____

Organization Telephone _____

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 Phone Number _____

Supervisor's Signature _____