

J-1 Student Internship Evaluation

The U.S. Department of State requires that an evaluation be performed for all J-1 Student Interns hosted at the University of Colorado Boulder. Both the student intern and the department will need to complete this form, discuss it together, and submit it to International Student & Scholar Services.

J-1 Student Intern's Name:				Date of Birth:				
							Month/Day/Year	
DS-20	19 Start [Month/ Day /Year	DS-20	019 End Date: _		Day /Year	
Reaso	n for this	Evaluatio	n:					
	Midpoin	Midpoint of training plan (for programs more than 6 months)						
	End of	J-1 progra	nm: please indicate	icate your end of program reason/action:				
		Completi	on of J-1 program o	on the DS-	2019 end date.			
	Early completion of J-1 program. Your J-1 program end date should be be day of your internship with CU Boulder or the last day you will be pursuin program goals and objectives with CU Boulder.							
		The new	J-1 program end da		n/ Day /Year			
To Be	Complet	ed by the	e J-1 Student Inter	<u>n:</u>				
	ow would Above A comments:	Average	he training program □ Average		□ Below Av	erage		
2. Ho	ow will you	u utilize th	ne knowledge and e	xperience	gained in this in	ternship i	n the future?	
			s true and accurate I Scholar Services t			•	orize CU Boulder's applicable) noted above.	
J-1 Student Intern Signature:						Date:		

To Be Completed by the Host Faculty/Supervisor:

1.	Was the department and the intern successful in meeting the as applicable) indicated on the DS-7002 Training/Internship F						
2.	Training/Internship Placement Plan.	etives indicated on the DS-7002					
3.	Comments on the intern's performance, strengths, and/or skills:						
4.	Suggestions for further development or improvement (e.g. recommunication, attitude):	ferences/course work, skills,					
I confirm all information is true and accurate to the best of my knowledge. As the J-1 student intern's inviting departmental host, I confirm the scholar's end of program action (if applicable) as noted above.							
Prii	inted Name:	Title:					
CU	J Boulder Department:	Email:					
Ho	ost Faculty Signature:	Date:					