

HOFSTRA UNIVERSITY
DEPARTMENT OF GLOBAL STUDIES AND GEOGRAPHY
INTERN EVALUATION FORM

STUDENT/EMPLOYEE'S NAME: _____

NAME OF ORGANIZATION/COMPANY:

DATE OF INTERNSHIP: FROM: _____ TO: _____

NAME OF EVALUATOR: _____

TITLE/POSITION: _____

PHONE NUMBER: _____ EMAIL: _____

WEBSITE _____

EVALUATION

PLEASE RATE THE INTERN ON THE CRITERIA LISTED BELOW

EXCELLENT GOOD FAIR POOR

Work habits/Reliability

Understanding of his/her tasks

Interest in the area

Independent thinking

Execution of assigned tasks

OVERALL EVALUATION

Would you be interested in having future interns from Hofstra University? Yes No

ADDITIONAL COMMENTS/SUGGESTIONS:

Signature_____ Date_____

FORM TO BE FILLED OUR BY EMPLOYER AND RETURNED TO:

DR. GRANT SAFF (Chair, Department of Global Studies and Geography)

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E-mail: Grant.Saff@hofstra.edu