**J-1 Student Intern Evaluation**

Intern Name:

Field of Internship:

University of Colorado Supervisor Name:

Supervisor e-mail:

Dates of Internship To

Hours per week:

Internship objectives (as listed on DS-7002):

Knowledge, skills or techniques to be learned as listed on DS-7002):

Please explain whether or not the intern was able to achieve the goals and skills listed above

The statements listed above are true and complete.

**Signatures:**

Signature of Supervisor Date

Signature of Intern Date