



AUGUSTA UNIVERSITY
International &
Postdoctoral Services

Mailing address:
1120 15th Street, AA- 2013
Augusta, Georgia, 30912
t. (706) 721-0670 f. (706) 721-9304
Email: ipso@augusta.edu
www.augusta.edu

J-1 Student Intern Evaluation Form

In accordance with US Department of State Regulations, the hosting professor/supervisor/ primary investigator of an Augusta University J-1 Student Intern must provide an evaluation of the Intern's progress and performance.

J-1 Student Intern Evaluations must be completed at the end of the internship, and those internships which last longer than 6 months also require at least one additional mid-program evaluation (to be undertaken at the mid-point of the program). The sponsoring department must retain J-1 Student Intern evaluations for at least 3 years following the completion of each intern's program. A copy of each evaluation must be submitted to International and Postdoctoral Services Office (either electronic or hard copy).

To process an extension of an internship, a completed intern evaluation must be submitted with the request for program extension. Extensions will not be granted to interns whose program evaluations have not been submitted. IPSO will not process any requests for new J-1 Student Interns for professors who have not submitted evaluations for interns under their current or past supervision.

Please return completed form to IPSO or IPSO@augusta.edu



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Instructions: The professor/supervisor completes Section 1, signs and date. The J-1 student intern completes Section 2 of the form below, signs and date.

Student Intern's Name: _____ SEVIS Identification # _____

Mentor's Name: _____ Mentor's Title: _____

Mentor's E-mail: _____@augusta.edu Academic Department: _____

Type of Evaluation (Check one): Mid-Program Evaluation End-of-Program Evaluation

1. Please evaluate intern's performance on tasks outlined in Training Plan.

Excellent Above Average Average Below Average

Comments: _____

2. Were there any problem areas that should be addressed to improve the experience of future interns?

Yes No If yes, please comment: _____

3. How would you rate the overall training program and its benefits? :

Excellent Above Average Average Below Average

Comments: _____

Mentor's Signature: _____ **Date:** _____

**SECTION 1:
TO BE COMPLETED BY THE HOST PROFESSOR**

Student Intern's Name: _____ Email Address: _____

1. How would you rate the overall training program and its benefits to you?

Excellent Above Average Average Below Average

Comments: _____

2. How will this internship experience be of value to your academic program in your home country upon your return? _____

3. Other comments _____

I hereby certify that I have read Section 1 of the Student Intern Evaluation, which was completed by my Sponsoring Professor.

Student Intern's Signature _____ Date _____

**SECTION 2:
TO BE COMPLETED BY J-1 STUDENT INTERN**

Please return completed form to IPSO or IPSO@augusta.edu