Host Institution Name

Internship ("Practicum") Evaluation from Host Institution **Department of Chemistry**

Internship ("Practicum") Evaluation from Host Institution

Logo

Date:

Dear Graduate Program Coordinator,

It is with much enthusiasm that I, ______, ____, at _____, certify that: _______, has completed his research internship experience for the period from ______. The student submitted a formal report of his research activities which has been evaluated as follows:

1. Goals that where set out to accomplish during the internship period Comments:

2. Goals that where accomplished

Comments:

3. Goals that were not accomplished. Why not?

Comments:

4. Additional objectives meet beyond the stated goals

Comments:

Evaluation Ratings					
	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Job Knowledge					
Comments					
Work Quality					
Comments					
Attendance/Punctuality					
Comments					
Initiative					
Comments					
Communication/Listening Skills					
Comments					
Dependability					
Comments					

Overall Rating (average the rating numbers above)	<u>1 = Po</u> Good	or 5 = Ex	2 = Fair ccellent	3 = Satisfactory	4 =				
Host Review									
By signing this form, you confirm that you the information assessment made above are correct.									
Student's Host Professor Name		S	ignature		Date				
Confirmation of receipt									
By signing this form, you confirm that you have received this review. Signing this form does not necessarily indicate that you agree with this evaluation.									
UPRM Student's Major Professor Name		S	ignature		Date				

A detailed report of the abovementioned activities will also be submitted by the student to his graduate committee upon his arrival to UPRM.