In accordance with Department of State Regulations, the hosting professor of any OSU J-1 student intern must provide an evaluation of the intern’s program progress.

Program evaluations must be submitted at the mid-point of the intern's original program, and again at the conclusion of the intern's program. Programs less than six-months in length require only one evaluation, to be submitted at the conclusion of the internship.

If an extension request is made on behalf of the intern, 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. Host professors must be current on intern evaluations for all interns under their sponsorship to have J-1 applications processed for a new intern.

The hosting professor should fill out Part I completely and then review the evaluation with the intern. The intern should then fill out and sign Part II (electronic signature is acceptable). As the intern must sign the evaluation, it is recommended that the evaluation be completed before the intern leaves the US. Please send form to ISFS.Advisor@oregonstate.edu or University Plaza Suite 130, and call 541-737-6418 with any questions.

**PART I (this section must be completed by the sponsoring OSU professor):**

Intern's Name: _______________________________________
Professor's Name: ____________________________________
Professor's Title: ______________________________________
Department: _________________________________________

Check One: Mid-Program Evaluation ___________ End-of-Program Evaluation ___________

Evaluate the student intern's performance related to the specific objectives as outlined in the Training/Internship Placement Plan.

Excellent ___________ Above Average ___________ Average ___________ Below Average ___________

Comments:

Were there any deficiencies or problem areas that should be addressed?

Yes ___________ No ___________

If yes, please comment:
How would you rate the overall training program and its benefits to you:

Excellent __________   Above Average ___________   Average ___________   Below Average ___________

Comments:

Additional comments:

Professor’s Signature ______________________________ Date ____________________

PART II (this section must be completed by the J-1 student intern):

Full Name: __________________________________________
Email: ____________________________________________
Dates of Internship Program: __________________________

How would you rate the overall training program and its benefits to you:

Excellent __________   Above Average ___________   Average ___________   Below Average ___________

Comments:

Additional comments:

I hereby certify that I have read the Intern evaluation completed by my Sponsoring Professor.

Intern’s Signature ______________________________ Date ____________________