

From: _____ (Supervisor's Name)
 _____ (Company Name)

 _____ (Company Address)



To: Lincoln University, Registrar's Office
 401 15th St., Oakland, CA 94612
 Email: registraroffice@lincolnuca.edu
 Fax: (510) 250-6114

Re: _____ (Intern's Name) Date: _____

Intern's Evaluation

Lincoln University cares about its students' achievements in internships and work experience. The form below provides the university evaluation requirements. Please return this form to us within 10 days after internship completion by postal mail, e-mail, or fax at the addresses stated above.

Following the internship agreement, the host organization provided a specific work experience for the student and evaluated his/her job performance and the adequacy of his/her preparation for undertaking the work. The company assigned a member of its staff to supervise the intern and is providing a written evaluation of his/her performance at the completion of the internship period.

Company Name			
Company Address			
Industry Type			
Intern's Name		Title	
Supervisor's Name		Title	
Contact Person's Name		Title	

On a scale of **1 to 5** (1: unsatisfactory — 5: excellent), please rate the intern in the following categories. Please circle the applicable rating for each category.

Intern's professional skills / proficiency	n/a	1	2	3	4	5
Intern's career readiness	n/a	1	2	3	4	5
Intern's workplace ethics	n/a	1	2	3	4	5
Intern's communication skills	n/a	1	2	3	4	5
Overall satisfaction with intern	n/a	1	2	3	4	5

Comments:

_____ (Supervisor's Signature) Date: _____