



University of Illinois
International Student and Scholar Services
327 International Studies Building, MC-486
910 South Fifth Street, Champaign, IL 61820
Telephone: 217-333-1303 Fax: 217-265-4252



J-1 STUDENT INTERN FINAL EVALUATION

Student Intern name: _____

SEVIS ID (located on top right corner of DS-2019): N _____

Department: _____

Supervisor: _____

Did the training program/internship provide the opportunities described in the placement plan?

Yes No* To some extent*

*Please describe how the program differed from the original plan:

Did the student intern achieve the specific goals and objectives of the plan?

Yes No* To some extent*

*Please explain how the program did not meet the student intern's needs:

Were any problems encountered during the program? Yes* No

*Please explain the problem(s) and what steps, if any, were taken to resolve the situation:

Any additional comments or suggestions:

J-1's signature: _____ Date: _____

Supervisor's signature: _____ Date: _____