



University of Illinois
 International Student and Scholar Services
 400 Student Services Building, MC-306
 610 East John Street, Champaign, IL 61820
 Telephone: 217-333-1303 Fax: 217-244-0530



FINAL EVALUATION

Scholar last name: _____

Scholar first name: _____

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

Department: _____

Supervisor: _____

How much time do the supervisor and scholar spend together on a daily basis?

Very little or no time Less than 50% Approximately 50%

More than 50% Most or all of the time

Did the program accurately reflect the placement plan? Yes No*

*If no, please describe how the program differed from the original plan:

Did the program meet the scholar's overall goals and objectives? Yes No*

*If no, please explain how the program did not meet the scholar's needs:

Were any problems encountered during the program? Yes* No

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

Was this program a rewarding and/or beneficial experience? Yes No*

*If no, please explain why this was and what could have been done to improve the experience:

Any additional comments or suggestions:

Scholar's signature: _____ Date: _____

Supervisor's signature: _____ Date: _____