Interim Evaluation Form

Wiess School of Natural Sciences
Professional Science Master’s Program Internships
Interim Evaluation Form for Students

Name: _______________________________ Date: ____________
Company/Organization: ____________________________________________
Supervisor's name: _____________________________ Phone #: ____________
Email: ___________________________________

Are you involved in a project or work that you think is useful to the company/organization? _____
Are you working on a project/do you have the responsibilities you expected when you joined this
company/organization? _______________
Please use the space below to describe the project and/or your responsibilities
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Do you think you are meeting your learning objectives? _____________________
Please comment:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please describe your level of satisfaction with your work, responsibilities and supervisor
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Additional comments. Please use this space to list any issues.

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• Please return this form to:
  Dagmar Beck, Program Director
  Wiess School of Natural Sciences
  Prof. Science Master’s Program
  Rice University
  6100 Main Street, MS 103
  Houston, TX 77005
  OR email dkbeck@rice.edu