
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

*Wiess School of Natural Sciences
Professional Science Master's Program
Student Interim Evaluation Form (p. 2)*

Additional comments. Please use this space to list any issues.

• **Please return this form to:**

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