**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

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Do you think you are meeting your learning objectives? _____________________

Please comment:

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Please describe your level of satisfaction with your work, responsibilities and supervisor

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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