Course number: GSND9000Q

Course name: SGS Internship Course

**Student evaluation**, **to be completed by the primary internship supervisor**. Please return a completed copy to Ms. Leslie Lucy at gsbsnadm@gsbs.rutgers.edu. Please cc Dr. Doreen Badheka (doreen.badheka@rutgers.edu)

|  |
| --- |
| Student’s name:   |

1. Please share if the student was able to meet the goals of this internship:
2. Please comment on the student’s performance during this internship:
3. Would you consider working with another student from Rutgers SGS-Newark in the future (yes/no, other)?
4. If you have any recommendations to improve this program, please share:

Name of the primary internship supervisor:

Signature of the primary internship supervisor:

Date: