



Midwest International Research Institute (MIRI)
Midwest University
USDS Certified DS-2019
J-1 Exchange Research Scholar, Prof, Student-Intern Programs

J-1 STUDENT INTERN EVALUATION FORM

Purpose: J-1 Student Interns are required by federal immigration regulations to submit evaluations to the MIRI to outline whether program objectives are being met. Students should coordinate with their internship supervisors to complete and sign the evaluation form.

For internship lasting less than six months in duration, only one evaluation is required, a **Final Evaluation** submitted before the student departs the U.S. For internships lasting more than six months in duration, a **Mid-Point Evaluation** is also required no more than 15 days from the mid-point of the internship as reflected on the DS-7002. Evaluation should be submitted to the MIRI via email miri@midwest.edu with subject line: **J-1 Evaluation**. Note that this form is used for both the Mid-point Evaluation and the Final Evaluation.

A. Student Intern – Personal Information			
Surname:	Given Name:	D.O.B (MM/DD/YYYY):	
B. Evaluation Type – Check ONE			
<input type="checkbox"/> Mid-Point Evaluation	<input type="checkbox"/> Final Evaluation Please confirm your last day at your internship site (MM/DD/YYYY): ___/___/____		
C. Supervisor Certification – <i>This section must be completed by the Internship supervisor:</i>			
1. Evaluate the J-1 Student Intern's performance based on the goals and objectives outlined on the DS-7002 Training and Internship plan.			
<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
2. Rate the overall Student Intern and training experience.			
<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
3. Are there any problems or deficiencies that should be addressed?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes please explain:			
Supervisor Name		Signature	Date
D. Student Intern Certification - <i>This section must be completed by the Student Intern:</i>			
1. How would you rate the overall training program and its educational benefits to you:			
<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
<input type="checkbox"/> I hereby certify that I have read the evaluation completed by my Internship supervisor.			
Signature		Date	