

C&S BIO 195 On-Site Supervisor Evaluation Sheet

Evaluation For: _____

On-Site Supervisor Info

Name: _____ Title: _____

Company/Organization _____ Email: _____

Phone: _____

Evaluation

Student Start Date: _____ End Date: _____ Approx Total Hours: _____

I confirm that student worked a minimum of 80 hours at internship site (Y/N): _____

Please rate the students' overall performance:

_____ Far Exceeded Expectations

_____ Exceeded Expectations

_____ Met Expectations

_____ Slightly Below Expectations

_____ Below Expectations

Recommendation for Course Grade: _____ Pass _____ No Pass

Is there any specific feedback you would like to provide regarding this student? This section is **required** if recommended course grade is a "No Pass" or if student did not meet expectations.

Contact

Please contact the Academic Counselor for the Computational & Systems Biology Interdepartmental Program if you have any questions:

Annelise Werhel

casb@lifesci.ucla.edu

310-825-5152

On-Site Supervisor Signature _____

Date _____