



**Center for Bioinformatics and
Computational Biology Internship
STUDENT INTERIM Evaluation Form**

Student Name:		Date:
Company/Organization:		
Supervisor Name:	Title:	
Phone:	E-mail:	
Are you involved in a project or work that you think is useful to the company/organization?		
Yes:	No:	
Are you working on the project and have the responsibilities you expected when you joined this company/organization?		
Yes:	No:	
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		

Comments & Feedback (please use this space to address any issue that need to be addressed):

Please return this form to Faculty Mentor