

University of Illinois at Chicago  
Engineering Career Center  
820 Science and Engineering Offices  
851 South Morgan Street  
Chicago, Illinois 60607-7043

### STUDENT EVALUATION OF CO-OP ASSIGNMENT

Work assignment Term and Year: Term: Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_ Year \_\_\_\_

**NOTE:** *This evaluation is solely intended for use by the co-op office only. Please express your opinions freely.*

Student Name \_\_\_\_\_ Phone \_\_\_\_\_

Major: \_\_\_\_\_ UIN # \_\_\_\_\_ Graduation Date \_\_\_\_\_

Email: \_\_\_\_\_ Internship Title \_\_\_\_\_

Co-op/Internship Company \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Pay Rate: \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Supervisor's Title \_\_\_\_\_

Supervisor's Phone \_\_\_\_\_ Supervisor E-mail \_\_\_\_\_

How did you find the internship? \_\_\_\_\_

Briefly describe your work assignment: \_\_\_\_\_

\_\_\_\_\_

Briefly describe the relationship between your academic studies and your work assignment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you feel your work conditions were accommodating to your work assignment? \_\_\_\_\_

\_\_\_\_\_

Do you feel it was a safe work environment? \_\_\_\_\_

What were your working hours? \_\_\_\_\_

Did you have any problems or concerns while working at your internship? \_\_\_\_\_

\_\_\_\_\_

Company co-op/intern hiring contact: \_\_\_\_\_

Name

Title

Telephone Number

Would you work for this company after graduation? \_\_\_\_\_

\_\_\_\_\_

In your opinion, did your internship seem to offer the experience you expected? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please indicate your overall opinion of your internship:**

Poor \_\_\_\_ Fair \_\_\_\_ Good \_\_\_\_ Very Good \_\_\_\_ Excellent \_\_\_\_

*Thank you for your cooperation!*

For any questions, please contact:

Kate Kaplan or Kathy Corcos

Telephone: 312/996-2311

Fax: 312/413-7950

engrjobs@uic.edu