



CO-OP EVALUATION FORM

Date:

Student name:

Co-op term/semester:

Company:

Supervisor name and contact:

Please complete this evaluation regarding the work performance for the graduate cooperative education assignment of the above named student with your company.

1. Dates of Employment: from _____ to _____

2. Job Responsibilities:

3. Rating of Job Performance:

Exceptional ____ Very Good ____ Good ____ Average ____ Unsatisfactory ____

COMMENTS:

SIGNED,

This information will be held as confidential in the student's Graduate Co-op file. Please return the completed form to the student to submit to the Graduate School.