



Supervisor's Internship Assessment

Thank you again for taking the time to provide this feedback. This internship program is a key initiative of the McGill Commitment which aims at providing students experiential learning opportunities. Your comments will be taken into account as the program evolves in the future.

This report must be submitted to Graduate and Postdoctoral Studies within two weeks of internship completion. Please submit this form via email to graduatefunding.gps@mcgill.ca. If you have any questions, please call (514) 398-5039.

Doctoral intern (name and title): _____

Internship supervisor (name and title): _____

Host Organization: _____ Country: _____

Internship start date: _____ Internship end date: _____

In the table below, please check the box for "Yes" if the statement is true, and "No" if the statement is false.

	Yes	No
The intern performed the tasks expected of him/her in a satisfactory manner.		
The intern has made an important contribution to your organization.		
The intern respected workplace policies and behaved professionally.		
The intern was dependable.		
You would be willing to host another intern next year.		
Your organization is interested in being included in our internships database.		

Comments: _____

Supervisor signature: _____ Date: _____