

Cooperative Engineering Education Program (M/C 159)
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.*

NAME _____ PHONE _____

Major: _____

Remaining Academic Semesters _____ Graduation Date _____

Co-op/Internship Company _____

Department, Division, or Branch to which you were assigned _____

Name of
Supervisor _____

Title _____ Phone _____

Briefly describe your work assignment _____

Briefly describe the relationship between your academic studies and your work assignment _____

Evaluate your work session _____

continued on the other side—

Starting salary_____ Current salary_____ Number of raises_____

Do you think your salary was adequate? Yes_____ No_____ Explain_____

What were your working hours_____

If you worked more than forty hours per week, please explain_____

Do you think you were ever discriminated against or had an unfair advantage taken_____

How many co-op/intern students were employed by your company_____

Is the company interested in hiring additional co-op/intern students? Yes_____ How many_____

Company co-op/intern hiring contact:_____

Name

Title

Telephone Number

Would you work for this company after graduation_____

In your opinion, does the Co-op/Intern Program seem to offer the experience you expected_____

Please indicate your overall opinion of the Co-op/Intern Program:

Poor___ Fair___ Good___ Very Good___ Excellent___

Thank you for your cooperation.

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