



## 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.