

Fermi National Accelerator Laboratory

Fermilab Visa Office P.O. Box 500, MS 103 Kirk Road and Pine Street Batavia, Illinois 60510-5011 USA Office: 630.840.3933

Office: 630.840.393 vstanley@fnal.gov

Final Evaluation for J-1 Intern/Trainee

Please complete this report and forward to the Visa Office <u>1 week before</u> your internship/training program ends.

program chas.	
Date: Intern/Trainee Name: Supervisor/Mentor Name:	
A) Were the initial training/internship objectives ach	ieved?
B) Please describe the process used to achieve these of	objectives.
C) Please comment on the Intern/Trainee's adherence	e to the objectives of the program.
D) How much time has been spent directing the effortime he/she spent individually on a project?	ts of the Intern/Trainee in comparison with the
E) Please list the lectures, presentations, and seminar	rs the Intern/Trainee attended.
F) Do you have any further comments or concerns?	
G) If the completion of this project resulted in a techn	nical paper, please attach it to this evaluation.
Supervisor/Mentor Signature	Intern/Trainee Signature