

## COLLEGE WORKSTUDY EVALUATION FORM

### SUPERVISOR MUST COMPLETE AT THE END OF EACH SEMESTER

Student's Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Semester Report for: Fall \_\_\_\_\_ Spring \_\_\_\_\_

### Please rate your student(s) in the following areas:

Work Performance: Excellent \_\_\_\_ Good \_\_\_\_ Average \_\_\_\_ Unsatisfactory \_\_\_\_

Adherence to agreed work schedule: Good \_\_\_\_ Average \_\_\_\_ Unsatisfactory \_\_\_\_

Would you employ this student again? Yes \_\_\_\_ No \_\_\_\_

If No please explain:

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### Comments:

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I have agreed to submit this application by electronic means. By signing this application electronically, I certify under penalty of perjury and false swearing that my answers are correct and complete to the best of my knowledge.

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_