

**Master of Science: Health Systems  
Internship Final Evaluation Form**

*Please note: This form, accompanied by the Assessment of Internship Objectives must be submitted to the Graduate Office once you complete your internship.*

**Student Name:** \_\_\_\_\_

**Student Number:** \_\_\_\_\_

**Research Institute Name:** \_\_\_\_\_

**EVALUATION:**

**Thesis Supervisor(s) Final Evaluation**

Satisfactory

Non-Satisfactory

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

Co-Supervisor: \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Research Mentor Final Evaluation**

Satisfactory

Non-Satisfactory

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_