

WORK EXPERIENCE EVALUATION



CAREER CENTER

Use this form to evaluate the quality of your Co-op work experience and the service of our office. Also update your campus address and bring this form to our office after returning to campus. MEEN, CHEN & CVEN : Include a copy of this form with the report you send to your Faculty Co-op Advisor.

This is a confidential evaluation between the student and Texas A&M. The evaluation will NOT be shared with your employer.

Name: _____ Classification: _____ UIN: _____

TAMU Mailing Address: _____

Phone: _____ Major: _____

Work Term Number: 1 2 3 4 5 Completed during: Fall Spring Summer 20 _____

Employer: _____ Location: _____

Semester of your next work term: _____ Projected graduation date: _____

E-mail Address: _____

Overall rating of this work period:

Excellent

Above Expectations

Met Expectations

Below Expectations

Describe your expectations for your co-op experience. _____

What did you learn about yourself, your chosen major or profession, and your plans for the future? _____

Tell us about any awards, accomplishments, honors, or international experiences during this work term: _____

Please make any recommendations that would improve the quality of the Co-op experience.

Recommendations for your employer: _____

Recommendations for the Office of Cooperative Education: _____

Overall, how would you rate your entire co-op experience?

5

4

3

2

1

Excellent

Very Good

Good

Fair

Poor

Student Signature: _____ Date: _____

If you would like to discuss this evaluation, please schedule an appointment with your Co-op Director. Any request for changes in work schedule, degree plan, graduation date, etc., MUST be discussed with your Co-op Director BEFORE the changes are finalized. Please update your address each semester.