

Co-op Presentation Evaluation

Student informatio	11			
Student Name:				
Program:				
Work Term Period:	0 0 0	Winter (Jan – Apr) Summer (May – Aug) Fall (Sept – Dec)	Year:	
Employer Informat	on			
Name of Organization (Plea	se Print):		
Supervisor's Name (Please	Print):			
Supervisor's Phone Numbe	ſ:			
Supervisor's Email Address:				
Supervisor's Signature:				
Presentation Detail	S			
Title:				
Date of Presentation:				
Length of Presentation:				



Presentation Evaluation

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Excellent

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Good

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Satisfactory

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Unsatisfactory

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OVERALL REPORT GRADE