

Curricular and Extracurricular Internship Evaluation Survey Intern's Evaluation

1. Identification of the Intern

Name _____ Student No. _____

Date of birth: ____/____/____ Personal email: _____

Bachelor / Master in: _____

2. Identification of the Receiving Institution

Receiving Institution: _____

Supervisor: _____

Internship carried out from ____/____/____ to ____/____/____ in the field of: _____

3. Internship evaluation (mark with an X)

Evaluate	Parameters	Poor 1	Average 2	Good 3	Very Good 4	Excellent 5
Receiving institution	Integration					
	Follow-up by the Supervisor					
	Application of knowledge and techniques					
	Acquisition of new knowledge					
	Availability of means and equipment					
	Satisfaction of expectations					
School	Follow-up by the Advisor					
	Administrative support					

4. Were you employed by the institution where you completed your internship?

☐ Yes, in what position: _____

☐ No

5. Were you employed by another company or institution?

☐ Yes, which: _____, in what position: _____

☐ No

6. If you were not employed by the internship institution, why not?

☐ I intend to pursue studies ☐ I did not receive any offer ☐ I did not accept the offer

☐ Other,

which? _____

7. Suggestions

Do you authorize your contact to be part of our network for the promotion of internship/employment offers, other activities related to employability and technical-scientific events? ☐ Yes ☐ No

Date: ____/____/____, The Student _____

Thank you for your cooperation.