

ID 390 SUMMER INTERNSHIP
EVALUATION DOCUMENT

STUDENT'S NAME / SURNAME
:……..…..…

CLASS / STUDENT NUMBER
:……..…..…

INTERNSHIP DURATION
:…….

INTERNSHIP STARTING / END DATE :……..…/……/…..... - ……/..…../…..….

NAME, ADDRESS AND CONTACT INFORMATION
OF THE INSTITUTION
:……..……..…
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COMMENTS ABOUT THE INTERN STUDENT'S PERFORMANCE

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INSTITUTION / ESTABLISHMENT OFFICER

NAME / SURNAME :..……..……
TITLE / LOCATION :……..……
SEAL / SIGNATURE :……..……

* WE REQUEST THIS DOCUMENT INCLUDING COMMENTS ABOUT THE INTERN STUDENT'S PERFORMANCE TO BE GIVEN TO THE STUDENT AT THE END OF THE INTERNSHIP WITH THE COVERED ENVELOPE OR SEND TO US BY E-MAIL.

* INTERNSHIP PERIOD IS FOUR WEEKS, 20 WORKING DAYS.