EVALUATION OF THE STUDENT DURING INTERNSHIP

BY THE HOST COMPANY

Name of student: ..... _____

Neptun code of student: ..... _____

Practice location: ..... _____

Start date: ..... _____

End date: ..... _____

Hours of practice completed:..... _____

Name of Internship Supervisor:..... _____

Post of Supervisor:..... _____

Opinion about Student*:

_____

_____

_____

Suggested grade: ☐ excellent (5), ☐ good (4), ☐ satisfactory (3), ☐ pass (2), ☐ fail (1)

Date: _____

Official stamp

……

Signature of Internship Supervisor

*Please have your internship supervisor assess you on the basis of work discipline, professional interest, integration, independence, commitment, etc. Please indicate which data you were unable to provide despite the student's request. If you have any comments about the internship or the student's preparation, please also write them down.