CONFIDENTIAL

Computer Engineering Department

Mandatory Internship Evaluation Form

To Be Filled by the Authorized Employee/Supervisor

STUDENT INFORMATION:

Name/Lastname: ……
Assigned Unit(s): ……
Company Name: ……
Branch/Department/Unit of the Company: ……
Address:……
……
Summer Internship (I or II): ……
Internship Start Date (YYY/MM/DD):……..End Date: ……
Total Day(s):……

Departments Worked at	from	to	Total Day(s)
…….	/ /20	/ /20	…….
…….	/ /20	/ /20	…….
…….	/ /20	/ /20	…….
…….	/ /20	/ /20	…….

****Important: Your evaluation grade is critical for the pass/failure of this internship****

OVERALL RATING
(1: very weak, 2: weak, 3: medium, 4: strong, 5: very strong)

TECHNCAL and WORK SKILLS
(1: very weak, 2: weak, 3: medium, 4: strong, 5: very strong, NA: not applicable)

Criteria		**Rating (1...5 or NA)**
Necessary Math knowledge for the task description		
Depth of knowledge in the field		
Quality of the work		
Task completion		
Understands workplace rules and procedures		

This document will be submitted in a sealed envelope by the company corresponent