

Host Institute Internship Assessment Form

Name student	
Student number	
Master programme	
Internship period	
Report title	
Assessment date	
Name supervisor	
Company/Institute	
Country	

Mark	Description	On a scale of 1 to 10
A =	Excellent	9 or 10
B =	Very good	8
C =	Average	7
D =	Below average	6
E =	Unsatisfactory	1 to 5

	A	B	C	D	E	Comments
Overall evaluation						
Tick where applicable:						
• Applying knowledge and skills						
• Analytical abilities						
• Inventive and creative abilities						
• Planning, drive, self-reliance						
• Takes initiative, works independently						
• Managing larger assignments						
• Quality of the product						
• Quality of the presentation						

Signature of supervisor

Date
