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| **MASTER COURSE IN BUSINESS ADMINISTRATION**  **Academic Year:** |

MATRICULATION NUMBER ………………………………………………………………………………..

INTERN’S NAME ………………………………………………………………………………………………

INTERN’S SURNAME ………………………………………………………………………………………...

COMPANY………………………………………………………………………………………......................

COMPANY TUTOR…………………………………………………………………………………………….

PHONE /FAX…………………………………………………………………………………………..............

CONTRACT NUMBER …………………………………………………………………………....................

PERIOD OF INTERNSHIP (months)………………from…………………….….to………………………........

*LEGEND:*

1.Insufficient (--) 2 To improve (-) 3 Sufficient (=) 4 Good (+) 5 Very good (++)

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| Interest, involvement and commitment | 1 | 2 | 3 | 4 | 5 |
| Ability to integrate | 1 | 2 | 3 | 4 | 5 |
| Interpersonal relationship ability | 1 | 2 | 3 | 4 | 5 |
| Punctuality and attendance | 1 | 2 | 3 | 4 | 5 |
| Respect for organizational procedures | 1 | 2 | 3 | 4 | 5 |
| Quality of work | 1 | 2 | 3 | 4 | 5 |
| Autonomy and reliability | 1 | 2 | 3 | 4 | 5 |
| Reaching educational program objectives | 1 | 2 | 3 | 4 | 5 |

Comments and suggestions:

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Date and place: Stamp and Signature of Company tutor

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| **TO BE FILLED IN BY SAA**  JOB PLACEMENT COMPLETED: □ – DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  JOB PLACEMENT OFFICE – INTERNSHIP ABROAD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |