FINAL INTERNSHIP EVALUATION FORM

(to be filled in by the **COMPANY TUTOR** at the end of the internship, and sent to cristina.ragionieri@unito.it) – stage.saa@unito.it

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 (++)

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:
_____
_____
_____

Date and place: Stamp and Signature of Company tutor

_____ _____

TO BE FILLED IN BY SAA

JOB PLACEMENT COMPLETED: □ – DATE: _____

JOB PLACEMENT OFFICE – INTERNSHIP ABROAD _____