

EVALUATION OF INTERNSHIP

EMPLOYER'S DATA	
Name of the Employer	
Address	
Tax number	
Name and title of the Internship Supervisor	
Phone number and e-mail address of the Internship Supervisor	

STUDENT'S DATA	
Name	
Neptun code	
Study program	
Place and date of birth	

INTERNSHIP DATA	
Position	
Starting date	
Ending date	
Fulfilled working hours	

I, the undersigned certify that the Student fulfilled the internship at our company.

I evaluate the Student's performance for (please circle the chosen grade!):

1 (insuficient) / **3** (satisfactory) / **5** (very good)

.....(place),.....(day).....(month).....(year)

.....

Internship Supervisor's signature and stamp