

FORM #3 –ORGANIZATION SUPERVISOR'S REPORT
(To be filled at the end of internship)

Student Name: _____ ID Number: _____

Organization Name: _____

Organization's Supervisor Name: _____

Internship Start Date: _____ Internship End Date: _____

Please describe the student's duties and tick appropriate column for each category adding comments if appropriate. This report contributes to the overall mark given for the period of internship. If necessary, please add any further information on the reverse of this sheet, or separately.

5 = Exceptionally good performance

2 = Below average performance

4 = Better than average performance

1 = Unsatisfactory performance

3 = Meets the average expected performance

	1	2	3	4	5	COMMENTS
Practical skills of student						
Ability to apply theoretical knowledge						
Ability to grasp ideas and make constructive suggestions						
Ability to carry out given tasks in a technical/professional manner						
Interest in the given tasks						
Interest in the wider aspects of the company						
Communication skills oral/written						
Ability to work within a team						
Punctuality						

Was the student an asset to your department/organization operations? ☐ Yes ☐ No

Please comment.

Please place the completed form in a sealed envelope and give it to the student to submit to Khalifa University Internship Coordinator.

Signed: _____ Date: _____