

Internship Evaluation & Reporting

Thank you for taking the time to complete this form, this evaluation will be used to assess the student's participation in the internship program.

Supervisors, using the form below please evaluate the student who interned with your organization, institution, or business. You can fill out this form electronically or you can fill it manually but eventually it must be signed and stamped from the company's side.

Please note that part I & III should be completed by the intern, part II should be completed by the direct supervisor in the company.

Part I. GENERAL INFORMATION - STUDENT'S INPUT

Student Info:

Student Name: Nadeen Mohamed Ibaki GUC Student ID No.: 55-0982

Faculty: Engineering Major: MET CS

Student Mobile No.: 01003909955

Internship Info:

Company Name: orange

Core Industry/Business: Telecommunication Country: Egypt

Supervisor Name: omar Abou Gabal Supervisor Job Title: Lead, Base & Value management

Supervisor Tel. No.: 0109853992 Supervisor Mobile No.: 01098539929

Supervisor E-mail: omar.abougabal@orange.com Training Department(s): Technology

Source of internships: (1) SCAD office (2) on my own (3) Referrals from GUC TA/Dr. (4) Recruitment website (5) others:

Work Place: (1) Organization (2) Head Office (3) Branch (4) Factory (5) Site (6) Others:

Part II. EVALUATION AND COMMENTS - DIRECT SUPERVISOR'S INPUT

Period of Internship (dd/mm/yyyy) (dd/mm/yyyy)

From: 04/08/2024

To: 29/08/2024

Internship nature (Enrollment Status)

- ☐ Part time Please specify, no. of Days per week: _____ hours per day : _____
- ☒ Full time Please specify, no. of Days per week: 5 hours per day : 8

Company Stamp

For SCAD internal use only

Serial no.	SCAD Comment	Academic Reviewer Comment	Academic Reviewer Signature
			<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected Reason of rejection: Signature: