



COMSATS University Islamabad

Islamabad Campus

Department of Computer Science

FACULTY SUPERVISOR EVALUATION FORM FOR FREELANCING BASED INTERNSHIP

Internee Name	
Internee Registration	
Internship Duration	
Internship Start Date	
Internship End Date	
Title of Project	

Please grade the following on a scale of 1-10 (10 being the highest and 1 being the lowest):

Evaluation Criteria	Score
Platform Activity & Engagement	/10
Completion of Internship Project(s)	/10
Earnings Achieved	/10
Skill Development & Learning	/10
Client Rating and Feedback	/10
Professionalism & Communication (<i>Consistency and Time Management</i>)	/10

Total Marks Obtained (Out of 60)	Supervisor Signature