

LINCOLN UNIVERSITY COLLEGE

FACULTY OF BUSINESS AND ACCOUNTING

Industry Feedback Form

(To be signed and stamped by the industry Internship guide. This is to be submitted at the time of presentation by the students in sealed envelope)

1. Name of the student : _____

LUC Reg. No. : _____

College & Address : _____

2. Name of the Organization & Address: _____

_____.

3. How do you rank him/her on the following 10 attributes? (Please ✓)

SN	Evaluation Criteria	Very Good	Good	Satisfactory	Poor	Very Poor
1	Punctuality					
2	Adherence to company norms					
3	Conduct / Behavior					
4	Initiative					
5	Eagerness to Learn					
6	Approach towards Internship					
7	Quality of Internship work					
8	Professionalism on work					
9	Team work					
10	Technical knowledge					

4. What are the prospects of the students of being recruited by the organization on the completion of his degree?

High	Moderate	Low

5. Any specific observations/suggestions for further improvement?

Signature

Date(A.D.)

Particulars of the In-Charge of the Internship:

Name & Designation : _____
Address(Office) : _____
(with Stamp)

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