

SCHOOL OF INFORMATION TECHNOLOGY

Name of Company: Date:			
Nan	ne of Project:		
Period of Internship: to to			
CON	IPANY FEEDBACK ON CURRENT INTERNSHIP		
	nk you for your support in our internship Programme. Your feedback is very valuable to us. If sove our programme. Please tick \checkmark an appropriate box.	t can help ι	us to
1.	Is a one month lead time (prior to the internship commencement date) sufficient for informing you of the outcome of your internship application?	Yes No	
	If 'No', please state the minimum lead time preferred.		
2.	The student log / e-Log is comprehensive and serves its purpose. Your suggestion, if any:	Yes No	
3.	Your views on the duration of the internship (12 weeks)		
Э.	Your suggestions, if any:	Too short Just right Too long	
4.	If we convert all internship duration from 12 weeks (3 month) to 24 weeks (6 month), would you be receptive to that?	Yes No	
5.	If not, what is the reason: Your views on the frequency of visits (3 times) made by our school internship mentor to your company during an internship period. Suggested Number:	Too few Just right Too many	
6.	Did the students contribute in any way to your project?	None	
	Comments, if any:	Little Quite Much	
7.	The skillset / knowledge shown by the students is sufficient for the internship programme,		
	If 'No', please state the skillset / knowledge / areas that you feel is required:	Yes No	
8.	Did your company benefit from the internship programme?	None	
	Your comments, if any:	Little Quite Much	
9.	Would you consider our internship programme for your future projects if given the opportunity?	Yes No	
	Other suggestions / comments:		