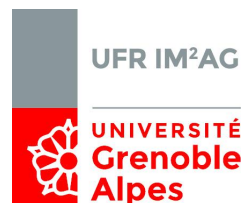




MSIAM2 internship evaluation form



Student Name:

Supervisor Name:

Supervisor email:

Organization name, city and country:

Internship subject title:

Dates of internship:

	Very Good	Good	Average	Poor
Intern work evaluation				
Quality of the work				
Results with regards to expectations				
Intern aptitudes				
Theoretical knowledge				
Originality				
Technical skills				
Initiative/autonomy				
Professionalism				
Integration in the organization				
Written report				
Content				
Style				
Oral defense (if applicable)				
Content, clarity				
Answer to the questions				
Organization, timing, style, etc				

Major strengths:

To improve:

Other Comments

How would you rate the intern

☐ Excellent

☐ Good

☐ Average

Date, Name, signature:

Please send this evaluation form to msiam2@imag.fr the week before the oral defence.