

## FORM ASSESSMENT OF INTERNSHIP<sup>1</sup>

## Academic year 2019-2020 (to be completed by the company)

Full name of student:			
Curriculum: $\Box$ <i>Master</i> $\overline{1}$	□ Master 2		
Company:			
Tutor name in company:		·	 ·
Academic advisor name:			

ASSESSMENT	DEGREE OF APPRECIATION						
<b>FACTORS</b>	Excellent	Good	Good enough	Average	Insufficient		
NERAL BEHAVIOR					<u>,                                      </u>		
Assiduity							
Integration							
Relationship							
Taking initiative							
OFESSIONAL ABILITIES							
Theoretical knowledge							
Practical knowledge							
Analytical capacity							
Ability to synthesize							
Quality of work							
Teamwork							
Autonomy							
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(1) The assessments and the comments made in this form are essential in the assignment of the score by the jury (score involved in the diploma). The form must always be received by the secretariat before the oral presentation or the day of the presentation.

Date:

Signature: