



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

Academic year 2015-2016  
(to be completed by the company)

Full name of student: \_\_\_\_\_  
 Curriculum: ☐ Master 1 ISI      ☐ Master 2 ISI  
 Company: \_\_\_\_\_  
 Tutor name in company: \_\_\_\_\_  
 Academic advisor name: \_\_\_\_\_

ASSESSMENT FACTORS	DEGREE OF APPRECIATION				
	Excellent	Good	Good enough	Average	Insufficient
<b>GENERAL BEHAVIOR</b>					
Assiduity					
Integration					
Relationship					
Taking initiative					
<b>PROFESSIONAL ABILITIES</b>					
Theoretical knowledge					
Practical knowledge					
Analytical capacity					
Ability to synthesize					
Quality of work					
Teamwork					
Autonomy					
<b>General assessment of the trainee</b>					
<b>Comments on training</b>					

(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: