**FINAL INTERNSHIP EVALUATION FORM**

to be filled in by the **COMPANY TUTOR** at the end of the internship, and sent to: SAA – Job placement office: internship abroad – Via Ventimiglia, 115 – 10126 Torino (Italy)

**DEGREE COURSE IN BUSINESS AND MANAGEMENT Academic Year:**

**MATRICULATION NUMBER** ............................................................................................

**INTERN’S NAME** ............................................................................................................

**INTERN’S SURNAME** ......................................................................................................

COMPANY.........................................................................................................................

COMPANY TUTOR..........................................................................................................

PHONE /FAX....................................................................................................................

INTERNSHIP NUMBER .......................................................................................................

PERIOD OF INTERNSHIP

(months)..................from.............................to...................................

*LEGEND:*

1.Insufficient (--) 2 To improve (-) 3 Sufficient (=) 4 Good (+) 5 Very good (++)

Interest, involvement and commitment 1 2 3 4 5 Ability to integrate 1 2 3 4 5 Interpersonal relationship ability 1 2 3 4 5 Punctuality and attendance 1 2 3 4 5 Respect for organizational procedures 1 2 3 4 5 Quality of work 1 2 3 4 5 Autonomy and reliability 1 2 3 4 5 Reaching educational program objectives 1 2 3 4 5

Comments and suggestions:

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Date and place: Stamp and Signature of the Company tutor

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**TO BE FILLED IN BY SAA**

JOB PLACEMENT COMPLETED: □ – DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JOB PLACEMENT OFFICE – INTERNSHIP ABROAD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final internship evaluation form Issuing Date : 01/03/2017 Rev.: 03