



ASSESSMENT FORM OF THE MASTER'S DEGREE INTERNSHIP (LM)

BUSINESS TUTOR

This must be forwarded by e-mail to the Business Tutor within 10 days after the end of the student's internship.

Location of the Internship.....
Student..... Number.....,
enrolled at the year of Master's Degree (LM)
in.....

He/She complied the planned Internship in this facility, as per Educational Project.

After the 135 effective working hours, the following overall assessment on the Internship activities carried out by the student is formulated:

	Improvements		Strengths	
	INSUFFICIENT	SUFFICIENT	GOOD	EXCELLENT
Workplace integration capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of the basic subjects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of the specialist subjects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autonomy in the problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diligence and motivation in the problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strengths of the student's knowledge				
Improvements in the student's knowledge				

Date.....

.....
stamp of the Host Structure and Business Tutor's signature