Internship Evaluation Form

Department of Computer Science, Eindhoven University of Technology

Student		**ID**	
Master Program		**Course code**	
Internship supervisor TU/e		**Cluster**	
Company advisor		**Company**	
Start date		**End date**	
Subject of the internship			

Assessment of the various aspects of the internship

Realization of the goals	
Quality of the report	
Performance of the student	
Answering questions	

Grade		
Signature of the supervisor	**Date**	

The supervisor should submit this form and the report in a PDF file to the student administration (csa.mcs@tue.nl).