

Internship Evaluation Form

Department of Mathematics & Computer Science,
Eindhoven University of Technology

Name of Student:		Student number	
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 (mcs.csa@tue.nl).