

## 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	

<b>Grade</b>		
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](mailto:mcs.csa@tue.nl)).**