

Evaluation form for internships done during the M.Sc. degree course

Full name _____ Degree course

Internship placement details

Full name of the internship provider:

Address:

Homepage:

Phone/Fax:

E-mail:

Department/Project/Topic you worked on:

Name, occupation, academic title of the internship supervisor at the institution:

Timing and duration of the internship: from until (= weeks)

1. The contents of the internship complied with what had been agreed in advance

I fully agree ☐ ☐ ☐ ☐ ☐ I do not agree at all

2. The organisation of the internship complied with what had been agreed in advance

I fully agree ☐ ☐ ☐ ☐ ☐ I do not agree at all

3. The fulfilled tasks related to the contents of the M.Sc. degree course

I fully agree ☐ ☐ ☐ ☐ ☐ I do not agree at all

4. The internship provided me with an insight into potential employment sectors

I fully agree

☐ ☐ ☐ ☐ ☐

I do not agree at all

5. The fulfilled tasks enhanced my independence and active involvement in the work process

I fully agree

☐ ☐ ☐ ☐ ☐

I do not agree at all

6. The supervision by the internship provider was well organized and supportive

I fully agree

☐ ☐ ☐ ☐ ☐

I do not agree at all

7. The work conditions (work place, work material and equipment etc.) were always appropriate

I fully agree

☐ ☐ ☐ ☐ ☐

I do not agree at all

8. The internship enhanced my motivation for the MSc course

I fully agree

☐ ☐ ☐ ☐ ☐

I do not agree at all

9. How would you grade (1= excellent, 5 = unsatisfactory) the internship altogether?

10. Will this institution continue to provide internship placements?

☐ Yes ☐ No ☐ I don't know

11. Would you recommend this particular internship placement to other students?

☐ Yes ☐ No

☐ Yes, but only under the following conditions:

Further comments:

Permission:

☐ Students can contact me under the following email if they have further questions about the internship.

Email address: _____

Date, Place _____ Signature _____