

VIRTUAL INTERNSHIP ASSESSMENT

Name of the student:

Name of the receiving organisation/enterprise:

Sector of the receiving organisation/enterprise:

Address of the receiving organisation/enterprise *[street, city, country, phone, e-mail address]*, **website:**

Start and end of the internship:

from *[day/month/year]* till *[day/month/year]*

Internship title:

Supervisor assessment:

Comment:

Supervisor signature

Points (0-50) _____

date _____

Mentor assessment:

Comment:

Mentor signature

Points (0-50) _____

date _____

Final assessment:

Mentor signature

Total points _____

date _____