|  |  |  |
| --- | --- | --- |
| Name – SurnameNumber ClassInternship Start DateInternship Finish DateNumber of Days Worked | ::: | PHOTOGRAPH |
|  :……/…../……. |
| :.……/…../……: |
| **TO BE FILLED OUT BY THE INTERNSHIP INSTITUTION** |
| Evaluating the student's internship based on criteria such as attendance, diligence, interest, eagerness to learn, ability to work in a team, and adherence to workplace discipline, please mark the appropriate box below: | EVALUATION |
| Very Good(85-100) | Good(70-84) | Fair(50-69) | Poor(0-49) |
| **EVALUATION (WRITE NOTE WITH THE NUMBER):** |  |  |  |  |
| Institution Information of Internship | ……/…../……..SignatureCompany stamp |
| NameAddress | :: |
| Institution Official |
| Name – SurnameDutyPhoneFaxE-mail | ::::: |
|  |  |  |  |  |  |  |  |  |  |  |

NOTE: To be filled out by the authorized Workplace Supervisor. At the end of the internship, the student will submit the entire internship file, along with the "Sealed Envelope," to the "Student Affairs Office."