#### FEEDBACK FROM THE INTERNSHIP INSTITUTION’S SUPERVISOR ON A STUDENT WHO HAS COMPLETED A COMPULSORY PROFESSIONAL INTERNSHIP

*Dear Supervisor of the internship,*

*We are thankful to your institution and you for the opportunity offered to the student to complete the compulsory professional internship and gain professional experience.*

*Your observations, insights and evaluations will be most valuable in improving the process of organizing compulsory professional internship. Therefore, please, chose between yes or no in the table below and comment on the competence of the student who has completed the compulsory internship at your institution. If you an individual skill or ability cannot be assessed, please, do not write anything.*

*Administration of VU Faculty of Economics and Business Administration*

*and the student’s Study Programme Committee*

**Student’s name, surname** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of the internship institution** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Period of compulsory professional internship (date from ... to)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Student’s knowledge, skills and abilities** | **Yes** | **No** | **Don’t know** |
| The student applied the knowledge and skills acquired at the university during the internship |  |  |  |
| The student demonstrated excellent analytical skills |  |  |  |
| During the internship the student was active, showed initiative and was involved in the activities of the internship institution |  |  |  |
| The student responsibly and dutifully performed the tasks assigned to him / her |  |  |  |
| The student was able to independently perform the tasks assigned to him / her and make decisions |  |  |  |
| The student was able to work in a team |  |  |  |
| The student was able to plan his / her activities |  |  |  |
| The student performed the assigned tasks perfectly |  |  |  |
| The student demonstrated good communication skills |  |  |  |
| The student's knowledge and skills improved during the internship |  |  |  |
| The tasks performed by the student benefited the internship institution |  |  |  |
| Other skills useful for the future career (please, specify) |  |  |  |
| **Overall assessment of the internship and comments** | | | |
| **Your suggestions for the improvement of the organization process of compulsory professional internship administered by VU FEBA** | | | |

Professional internship supervisor at the institution

Position, name, surname, signature

Date