



جامعة الفيصل
Alfaisal University

COB INTERNSHIP – FORM B

EVALUATION OF STUDENT INTERN'S PERFORMANCE

Student's Name ----- Internship Period/Semester -----

Supervisor's Name ----- Phone -----

Supervisor's Title -----

Name of Company -----

Address of Company -----

Street/P.O. Box

City

Zip Code

1. How prepared was the student for your internship needs (knowledge in specific areas)? Please suggest additional knowledge or abilities that you would have liked the intern to have.

2. Please evaluate the student's written and oral communications used in this internship.



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3. How did the student fit into or adapt to your working environment? (For example, consider such matters as attitude, dress, punctuality, reliability, and courtesy.)

4. What benefits did you and your company receive by providing an internship experience for this student?

5. How well did the student accomplish the learning objectives expected from this experience? Please give a brief evaluation of the student's overall performance.

6. If you have any suggestions for improvement of the AU internship program, please note them below and feel free to telephone us (+966-1-215-7710) to discuss your ideas.

7. How many hours has this student spent in performing this internship? _____ hours

8. Would you want to have another intern work with your organization?

___ yes ___ no

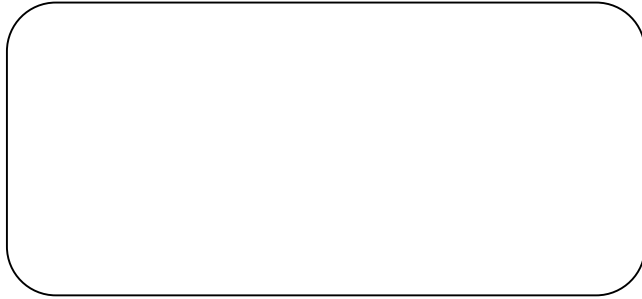
___ maybe, depending on (please explain if not obvious from your responses to the previous questions):



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Supervisor's Signature

Date



Company Official Seal (This document is considered void without the official stamp)