



MUSC-IR/2

INTERNSHIP EVALUATION FORM

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This evaluation is designed primarily to provide feedback on performance and related issues to assist the student. This form is to be completed by student's supervisor when the student has completed their required amount of hours at the end of internship period.

INTERNSHIP INFORMATION

First Name: **Last name:**

Internship Organization:

Internship Title:

Starting Date (DD/MM/YYYY):

Completion Date (DD/MM/YYYY):

SUPERVISOR INFORMATION

First Name: **Last name:**

Title: **Department:**

Tel: **Fax:**

Email:

Additional comments

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Supervisors' signature.....

Date:

Please return this evaluation by giving it back to students in a sealed envelope with supervisor's signature across the seal or sending the scanned form electronically via email (scddean8@mahidol.ac.th) or forward it to the following address:

Office of International Cooperation Division,
Faculty of Science, Mahidol University
272 Rama VI Road, Ratchathewi District,
Bangkok 10400, THAILAND