**Student Internship Course and Evaluation**

|  |  |
| --- | --- |
| **First name, last name** |  |
| **Study Program** | **Creative Marketing and Communication (CS)** |
| **Internship start date**  |  |
| **Internship end date**  |  |

|  |  |
| --- | --- |
| **Name and address of the department/agency of the internship** |  |
| **Full name of internship manager/contact person** |  |
| **Phone and email for internship manager/contact person**  |  |
| **Internship job position/role** |  |

**As part of the internship, the student was responsible for the following activities/duties:**

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| --- |
|  |

**Evaluation of the Student’s Work Performance**

*On a scale of 1 to 5, please mark the rating that best describes the student in each of the following statements:*

|  |
| --- |
| **The student approached assigned activities actively and independently** |
| Very willingly and actively | Moderately | Reluctantly, passively |
| 1 | 2 | 3 | 4 |  5 |  |
| **During the assigned activities, the student showed reliability and punctuality** |
| Always | Partially | Unreliable |
| 1 | 2 | 3 | 4 |  5 |  |
| **The student was communicative** |
| Always | Partially | Insufficiently |
| 1 | 2 | 3 | 4 |  5 |  |
| **The quality and presentation of the work produced** |
| Excellent | Sufficient | Insufficient |
| 1 | 2 | 3 | 4 |  5 |  |
| **The student’s knowledge and skill levels based on their year of study** |
| Excellent | Sufficient | Insufficient |
| 1 | 2 | 3 | 4 |  5 |  |
| **The student contributed creative and critical thinking and solutions** |
| Very willingly and actively | Moderately | Reluctantly, passively |
| 1 | 2 | 3 | 4 |  5 |  |
| **The student showed the ability to learn new skills** |
| Very willingly and actively | Moderately | Reluctantly, passively |
| 1 | 2 | 3 | 4 |  5 |  |
| **General theoretical/academic knowledge of marketing** |
| Excellent | Sufficient | Insufficient |
| 1 | 2 | 3 | 4 |  5 |  |
| **General practical/professional knowledge of marketing** |
| Excellent | Sufficient | Insufficient |
| 1 | 2 | 3 | 4 |  5 |  |
| **The student practiced their academic knowledge during the internship** |
| Excellently | Sufficiently | Insufficiently |
| 1 | 2 | 3 | 4 |  5 |  |
| **The student practiced their professional knowledge during the internship** |
| Excellently | Sufficiently | Insufficiently |
| 1 | 2 | 3 | 4 |  5 |  |
| **Which of the student’s skills were the most important to you?** |
|  |
| **Which of the student’s skills were missing or need the most improvement?** |
|  |
| **Additional comments about the student or the overall internship experience:** |
|  |
| **Potential involvement or employment of the student in the future?** | **YES** | **NO** |

**Statement of Student's Work**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Number of hours worked** | **Description of student’s activities/duties** | **Manager’s signature** |
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| **Total number of hours worked** | **480** |  |

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 Student's signature Agency / Firm stamp

 Commissioner’s Signature

**Thank you very much for your cooperation.**