a.8 Internship mentor's checklist

Student's Full Information

Full Name:		ID N <u>o</u> :	
Phone N ^{O.} :		Department	
Date _			
1. 2.	When did the internship started?		
3.	what are his/her strengths as a prospective professional?		
4.	What are his/her weaknesses that he learned/need to overcome?		
5.	Did you find him/her academically prepared? How?		
6.	Would you hire another intern from us? Why or Why not?		
<u>Compa</u>	ny Information		
Compa	ny Name:		
Phone N ^O :		Email:	
Company Supervisor's Name:		Phone No:	
Specifi	c Internship Place (site) Name:		

Company Stamp Here