MSc in Agricultural Biotechnology programme

Academic Year ……………

INTERNSHIP APPLICATION FORM

Student:

Name: Year: Neptun code:

Programme: Student Status (full/part-time):

Permanent address (in Hungary):

Telephone number:

E-mail address:

The planned place of internship (company):

Name of the company:

Address of the company:

Its telephone number:

Internship supervisor (at the company):

Name of him/her:

His/her telephone number:

His/her E-mail address:

Duration of internship (from/to):

Remarks:

, Date: .... day month, ….. year

(Student’s signature)

**Application submission deadline to the Department: ……………!**

INTERNSHIP EVALUATION FORM

Name of student:

Internship period (start date / end date): ……..

Name of host company:

Address of host company:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Evaluation aspects | Excellent | Good | Average | Satis­factory | Notsufficient |
| General performance of the student |  |  |  |  |  |
| Evaluation of written work |  |  |  |  |  |
| Verbal communication skills |  |  |  |  |  |
| Hours worked during the internship |  |  |  |  |  |
| Theoretical knowledge of the student |  |  |  |  |  |
| Knowledge about the sector |  |  |  |  |  |
| Working relationship with colleagues |  |  |  |  |  |
| Relationship with the management |  |  |  |  |  |
| Communication with the customers |  |  |  |  |  |
| Attitude to work |  |  |  |  |  |
| Independence and decision-making skills |  |  |  |  |  |
| Adaptability |  |  |  |  |  |
| Initiative skills |  |  |  |  |  |
| Language skills |  |  |  |  |  |

1. Brief description of work completed:

2. What skills of the student should be improved?

3. Other remarks

Evaluation was prepared by:

Date: , day month year

Stamp Internship supervisor’s signature

INTERNSHIP REGISTRATION FORM

Host company:

Name of the host company:

Its address:

Telephone number:

Internship data:

Location :

Period (start date / end date):

Internship supervisor (at the company):

Name, position:

Telephone number:

E-mail address:

Description of duties:

Department:

Focused areas during internship:

I certify that 2nd year full time or part

time (mark as appropriate) MSc student in Agricultural Biotechnology, our company accepts his/her application and during the above mentioned period for the internship.

 , Date: .... day, month, …… year

(stamp place)

(firm signature)

**Application submission deadline to the Department: ………….**