

**INTERNATIONAL BURCH UNIVERSITY
COMPANY'S EVALUATIONS**

STUDENT

<i>NAME AND SURNAME</i>	
<i>DEPARTMENT</i>	
<i>CLASS / ID NUMBER</i>	

COMPANY

<i>NAME</i>	
<i>BRANCH NAME</i>	
<i>DEPARTMENT</i>	
<i>STARTING AND ENDING DATES</i>	

Please evaluate the performance of the student who has completed his/her industrial training in your company or organization according to the following criteria: (Note: Put (x) into related boxes).

CRITERIA	VERY GOOD	GOOD	SATISFACTORY	POOR
<i>Attendance</i>				
<i>Obedience to company regulations</i>				
<i>Work knowledge and experience</i>				
<i>Willingness to learn new concepts</i>				
<i>Ability to put new concepts into practice</i>				
<i>Responsibility</i>				
<i>Capability of taking his/her own initiatives</i>				
<i>Orderliness and cleanliness</i>				
<i>Outfit and appearance</i>				
<i>Communication ability with customers</i>				
<i>Communication ability with colleagues</i>				
<i>Competence in the field</i>				
<i>Overall evaluation</i>				

GENERAL EVALUATION

<i>What is your opinion about student's future success in his/her carrier?</i>	
<i>Would you accept this student for industrial training in your company again?</i>	

INFORMATION ABOUT THE SUPERVISER COMPLETING THIS FORM

TITLE	
NAME AND SURNAME	
SIGNATURE & COMPANY STAMP	

After completing this form, please return it to the student in a "sealed envelope".

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