

ADDRESS OF COMPANY

INTERNSHIP - EVALUATION REPORT

for the _____ practical semester / practical training
in the semester _____

Ms./Mr. _____ born
on _____ in _____

Student of the **Technische Hochschule Rosenheim, - Rosenheim Technical University
of Applied Sciences- Hochschulstr. 1, 83024 Rosenheim, Germany**
Telefon: +49 8031 805-158, Fax-Nr.: +49 8031 805-139

Course of studies: _____

Field of study or main field of studies: _____

has completed the practical training from _____ to _____

He / she has completed the requirements according to the training plan for the practical se-
mester: **yes** / **no**

Number of days absent: _____ (total _____ amount)

Number of days sick: (total amount)

Other absences: reasons: _____

Comment:

Place, date

Stamp of Company, Signature of coordinator