Internship Coordination and Student Orientation

Intern Evaluation Form (Confidential)

This form should be filled out by the internship supervisor, based in the items below, place a check (v) and right after the end of the internship it should be enveloped, sealed and given to the student who have to send it to CEO (Internship Coordination and Student Orientation) of this Universidade Federal de Itajubá.

Name of Intern: ________________________________
Name of the Company: ____________________________ Department: ___________________
Location: __________________________ Starting: ____/____/____ Ending: _____/_____/____
Number of hours effectively working: ________________________________

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<td>Knowledge necessary to perform all the programmed activities</td>
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<td>Percentage of activities performed according to the program</td>
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<td>Cooperation: Willingness to prompt perform the required tasks</td>
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<td>Quality of work, within a standard reasonably required</td>
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<td>Capacity and initiative to develop and suggest Innovations and modifications</td>
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<td>Assiduity and punctuality in fulfilling the working hours</td>
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<td>Sense of responsibility: Proper care in relation to the company’s assets.</td>
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<td>Sociability: Easy interaction and contact with the other members of the working group.</td>
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<td>Discipline concerning the standards and internal regulations</td>
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Obs.: If there is any other aspect that the supervisor feels strongly about mentioning, please use the reverse side of this form to do it so.

Evaluation made by: ________________________________ Date: _____/_____/____
Signature: ________________________________

Company Stamp or seal

Internship Coordination and Student Orientation

Ministério da Educação
UNIVERSIDADE FEDERAL DE ITAJUBÁ - UNIFEI
Criada pela Lei nº 10.435, de 24 de abril de 2002
Pró-Reitoria de Graduação
Declaration

We declare to whom it may concern that ______________________________________
student enrolled under the number __________________ in the Credit System of
Universidade Federal de Itajubá - UNIFEI, has fulfilled _____________________________
(Written amount of bours)
hours of supervised internship, from ______/_____/______ to ______/_____/______ at
___________________________________________________________ where, as a
(Name of the company or enterprise)
complement to his school curriculum had developed the following activities.

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Date: _______/_______/_______

Stamp or Seal and Signature of the Company