**OBSERVATION SHEET**

Name and surname of the internship student: .......................................................................

Name and surname of the internship tutor: ..........................................................................

Name of the internship partner / organization: ......................................................................

Name and surname of the coordinating professor: ...............................................................

The student’s behavior and integration in the activity of the organization are to be assessed with one of the following evaluation ratings:

FB (very good); B (good); S (satisfactory); N (unsatisfactory)

|  |  |
| --- | --- |
| **Criteria** | **Evaluation rating** |
| 1. **Discipline** *(the extent to which the internship student followed the tutor’s instructions and demonstrated discipline during the internship stage)*
 |  |
| 1. **Punctuality** *(the extent to which the internship student complied with the practice schedule agreed with the tutor and proved to be punctual at the company’s premises)*
 |  |
| 1. **Responsibility in solving the tasks** *(the extent to which the internship student performed the activities assigned by the tutor during the internship, proved responsibility in solving the tasks)*
 |  |
| 1. **Compliance with the company’s internal regulations** *(the extent to which the internship student showed appropriate conduct, complied with the internal regulations of the internship partner)*
 |  |
| 1. **Gained competencies through involvement in the activities performed during the internship** *(the extent to which the internship student has acquired competencies as a result of the activities carried out under the guidance of the tutor)*
 |  |

Date

Name and surname of the tutor

Signature

**EVALUATION REPORT**

.................................................................................. (name of the tutor), having the position ........................................ within .................................................... (name of organization) having the headquarters in ................................., .............. no., ...................................................... street, .......... building, ........ floor, .......... apartment, ............................... county/sector, telephone ............................................., email .............................................................................., the tutor of ............................................................................... (name of the internship student), enrolled at the Bucharest University of Economic Studies, Faculty of Marketing, master program …………………………………………………………………, group number .............., I evaluate the above-mentioned master student for her/his performance during the internship with one of the following evaluation ratings:

FB (very good); B (good); S (satisfactory); N (unsatisfactory)

|  |  |
| --- | --- |
| **Final evaluation** | **Rating** |
| Gained practical knowledge in the field of marketing |  |
| Discipline demonstrated during the internship  |  |
| **Global evaluation of the internship completed by the student** |  |

Other observations and remarks regarding the student’s activity *(optional)*:

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.........................................................................................................................................................

.........................................................................................................................................................

Date

Name and surname of the tutor

Signature

**CERTIFICATE OF COMPLETION OF THE INTERNSHIP**

................................................................. (name of the organization), as internship partner, it hereby confirms that ............................................................................... (name and surname of the internship student), master student at the Bucharest University of Economic Studies, Faculty of Marketing, has completed an internship within the organization during the academic year 2024-2025, totaling **280 hours** of practical training.

 Date

Name and surname of the representative / tutor

Signature