STUDENT INTERN EVALUATION FORM

→ Email the completed form to secretariat-mva@ens-paris-saclay.fr by September 16th

For further information about the internship, please read here: guide des stages

Student intern
Last name: ............................................................. First name: ...............................................

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THIS SECTION MUST BE COMPLETED BY THE INTERNSHIP SUPERVISOR

Host Organisation: ..............................................................................................................................

Internship duration: from ……/……/…… to ……/……/……

Internship supervisor (Mentor at the Host Organisation)
Last name: ............................................................. First name: ...............................................

Evaluate the student intern's performance:

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Signature : _______________________

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**Internship Defense:**
The oral presentation of the internship is highly recommended. This Defense can take place wherever you want before September 16th with a MVA Program Professor in the jury.

Defense date: …………………………… Place: ……………………………………………………………

Jury members: ………………………………………………………………………………………………
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**Jury's rating of the Defense** (or exceptionally, Internship supervisor's rating in the absence of the oral presentation):

*Each skill will be rated at: 0=Below Average, 1=Average, 2=Above Average, 3=Very Good or 4=Excellent*

1. **Technical understanding of the subject** (theoretical and practical knowledge): …… / 4
2. **Research quality** (originality of the results of the project conducted during the internship): …… / 4
3. **Student intern's independence** (initiative and creativity, critical analysis, …): …… / 4
4. **Internship Report** (synthesis quality, presentation, bibliographic analysis, …): …… / 4
5. **Oral presentation:**
   (or, in the absence of the Defense, evaluation of student intern's scientific communication skills) …… / 4

**TOTAL** (temporary grade before jury discussion): …… / 20

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**THIS SECTION MUST BE COMPLETED BY THE REFEREE**

**Referee (MVA Program Professor)**

Last name: ………………………………………………… First name: ………………………………………

**Comments:** …………………………………………………………………………………………………
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**Suggested grade** (if adjustment is necessary): …… / 20

Signature: __________________________

You must submit this form by December 17th to secretariat-mva@ens-paris-saclay.fr

ENS Paris-Saclay – DER Mathématiques / master MVA – 4, avenue des Sciences – 91190 Gif-sur-Yvette