**MÁSTER UNIVERSITARIO EN INGENIERÍA QUÍMICA**

**POR LA UNIVERSIDAD DE CANTABRIA Y LA UNIVERSIDAD DEL PAÍS VASCO/EUSKAL HERRIKO UNIBERTSITATEA**

# Anexo VII Informe Final del tutor de la entidad colaboradora

**ADDENDUM VII- Final Report from the Professional Supervisor**

|  |  |
| --- | --- |
| Student’s data | |
| Name and Surname |  | |
| E-mail |  | |

|  |
| --- |
| Internship duration (total number of hours worked) |
|  | |

|  |  |
| --- | --- |
| Professional supervisor data | |
| Name and surname |  | |
| Professional position |  | |
| E-mail |  | |
| Professional telephone |  | |

|  |  |  |
| --- | --- | --- |
| **FINAL REPORT OF THE PROFESSIONAL SUPERVISOR IN THE COLLABORATING ORGANISATION/ENTREPRISE** | | |
| Mark from 0 to 10 points the student progress in the following specific aspects during the internship: | |
|  | Value (0-10) |
| Technical ability |  |
| Learning capability |  |
| Self-organization |  |
| Communication skills (oral and writing)\* |  |
| Self-responsability |  |
| Ability to adapt |  |
| Creativity and initiative |  |
| Personal motivation |  |
| Work motivation |  |
| Receptiveness to criticism |  |
| Punctuality |  |
| Relationship with the working environment |  |
| Team-working ability |  |
| Others (add as many rows as necessary) |  |
| Free space for the supervisor or professional responsible of the internship to include any comment (use as many words as desired). | |

\*Note: In the case of students with disability who have difficulties in oral expression, the degree of autonomy for this ability should be indicated, as well as if any type of technical and/or human resource

Is required for that.

|  |  |  |
| --- | --- | --- |
| FINAL MARK OF THE THE PROFESSIONAL SUPERVISOR IN THE COLLABORATING ORGANISATION/ENTREPRISE | | |
| The supervisor should mark the student progress from 0 to 10 points according to the quality of the work performed and the student merits during the internship. | |
|  | points |

\*note: this global mark is not necessarily the arithmetic mean of the former specific marks.

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| --- |
| Place and date  Place, 20xx, Month day |
| Supervisor signature and official stamp of the institution. |