Postgraduate intern should provide this form to the supervisors for completion. Students must submit the completed form electronically as an email attachment to gradcollege@ntu.edu.sg at mid-term (**1 month after the start of internship) and at the end of the internship**. This form will be compiled as part of the assessment of the student’s progress during the internship.

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| 1. **To be completed by Student**
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|  |  |  |
| Student Name in FULL | : |  |
| Matriculation No. | : |  |
| NTU Email Address | : |  |
| School | : |  |
| Admission Year (Month/Year) | : |  |
| Start Date of internship | : |  |
| End Date of Internship | : |  |
| Internship Organisation Name | : |  |
|  |  |  |

Please describe the project objectives

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Please describe the skills provided, activities participated, and progress made by the intern towards achieving the above objectives.

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Please describe possible areas of improvements or recommendation for changes.

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| [For Final Report] Testimonial: Please share with us your internship experience (e.g. soft/ transferrable skills) on your internship. We hope to share your testimonial with your juniors in the future in various modes (e.g. website, welcome kit, newsletter, social media). If you have photo(s) to share with us, please attached in the email.

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[ ]  I hereby acknowledge and give my consent for the information provided to the Graduate College above be processed, utilized, disclosed, and/or retained for the following purposes: (a) administering the programme, (b) conducting research, analysis, and development activities by the Graduate College (including data analytics, surveys, and profiling) to enhance programme offerings and operations, and (c) reference and archival purposes, all in accordance with NTU policies and procedures concerning personal data protection. Information on “Name”, “School”, “Internship Organisation Name” and “Testimonial” may be use to share on social media, website, and any programme-related reporting by the Graduate College.

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| 1. **To be completed by Company Supervisor**
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|  |  |
| * Student has fulfilled at least 70% attendance
* Student did not fulfil 70% attendance

Comments (if any): |  |
|  |  |
| Signature of Company Supervisor: |  |
| Name of Company Supervisor/ Designation: |  |
| Date: |  |
|  |  |

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| 1. **To be completed by NTU Supervisor**
 |
|  |
| Comments (if any): |

|  |  |
| --- | --- |
| Signature of NTU Supervisor: |  |
| Name of NTU Supervisor/ Designation: |  |
| Date: |  |