

Academic Year: 20__ / 20__

Frame 1 : STUDENT	
Student's full name,	Course: <i>Program + year</i>
Address: <i>Full, permanent address</i>	Tel:
	E-mail: <i>Valid e-mail that is checked regularly</i>

Frame 2 : HOST ORGANIZATION		
Organization:	Full name of the representative (signatory):	
Group (parent company):	Position:	
	Address:	
Activity sector:	Post Code:	
	Town:	
Website:	Country:	
	E-mail:	
Location of internship		
Address:	Supervisor in the workplace	
		Name, surname:
Post Code:	Position:	
Town:	Department / Office:	
Country:	Tel:	Fax :
	E-mail:	

Frame 3 : ASSIGNMENT	
Title :	Start date : End date :
Description:	

Frame 4 : CONDITIONS OF PLACEMENT	
Weekly working hours: _____ hours	Gross monthly salary : _____ euros / month
	Terms of payment : <input type="checkbox"/> Transfer <input type="checkbox"/> Cheque <input type="checkbox"/> Cash
Special circumstances for the trainee's presence at the workplace at night, on Sundays, on public holidays... : ----- <input type="checkbox"/> No <input type="checkbox"/> Yes Specify :	Additional advantages and benefits :
How did you find this internship? <input type="checkbox"/> Speculative application : <input type="checkbox"/> Forum <input type="checkbox"/> Career Center <input type="checkbox"/> Alumni network <input type="checkbox"/> Other job advert <input type="checkbox"/> Other Specify:	Possible reception of another ICN trainee? <input type="checkbox"/> Yes <input type="checkbox"/> No Was it a pre-hiring internship? <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks:

Frame 5 : SUPERVISION OF THE INTERNSHIP

By the host organization

- Did your assignment truly concern your supervisor?
 Yes No
- Has he/she been available / responsive to your needs?
 Yes No
- Has he/she provided the necessary assistance?
 Yes No

Opinions and suggestions :

Frame 6 : CRITICAL REVIEW OF YOUR EXPERIENCE

Your academic training

- Has the internship met your expectations?
 Yes No

Programme Grande Ecole and ICN Bachelor:

In the light of this experience, would you choose the same specialization(s) again?
 Yes No

If not please state why:

Programmes MIBD, MIEX and MLDM:

In the light of this experience, would you choose the same course of study again?
 Yes No

If not please state why:

Perspectives within the host organization

In your opinion, what is the profile needed for this internship?

- Would you recommend it to another trainee?
 Yes No

Opinions and suggestions for a future trainee :

Critical analysis of the internship:

Knowledge / skills / information that you have lacked:

The impression of ICN Business School Nancy-Metz held within this organization:

Other remarks to the Careers and Internships Office or the Program's Directorate: