



DHA SUFFA UNIVERSITY

DG- 78, Off Khayaban-e-Tufail, Phase-VII (Extension), DHA, Karachi-75500

Engineering Student's Internship Evaluation Form

(To be filled in by the Employer – after the completion of Internship)

The survey seeks input on the quality of education received by the students in their program and the level of preparation they had at university. The following survey is being conducted with the objective of quality assurance/enhancement for the Program Learning Outcomes of Mechanical Engineering department in order to better the teaching standards, students' evaluation, teaching and learning facilities/resources, and course curriculum. We look forward to your cooperation in completing this survey.

1. Student Profile: (Details to be filled by the university/ student)

2.1 Registration Number ME-_____

2.2 Batch: _____

2.3 Name: _____

2.4 Gender: Male Female

2. Employer Profile: Choose the right option which applies to your organization.

2.1 Type of Organization Government Institution Private Institution

2.2 Type of Industry Manufacturing Service
 Education Consultancy
 Utilities CSCR Dept

2.3 Name of

Supervisor: _____

2.4 Designation: _____

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2.5 Name of

Department: _____



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5. Communication and Managerial Skills

Has the program effectively facilitated the internee with the...	A	B	C	D	E	NA
5.1. Interpersonal communication skills, workplace written, and technological communication required to contribute productively and effectively in multiple tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2. Implement project management knowledge , processes, life cycle and the embodied concepts, tools and techniques in order to achieve project success?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Comments:

Please fill in the following for any further suggestions or recommendations,

6.1. What are the strengths of our program?

6.2. Any improvements needed or recommendations:

Evaluator's Signature: _____

Title/Position: _____

Date: _____