



STUDENT SUPPORT MEASURES 2022-2023 ACADEMIC YEAR

FORM 3 – INTERNSHIP REPORT

APPLICATION SPONSORED BY:

Name of Educational Institution

FOR:

Name of Student

PROGRAM OF STUDY:

Name of Program

SUBMITTED ON:

(yyyy/mm/dd)

Student's Name: _____

This form is to be completed by the student.

Name of Organization Hosting the Internship: _____

Region: _____ Name of Supervisor: _____

Description of work performed *(Maximum 150 words)*

Did you provide services in English?

Yes. Estimate the percentage of time you provided services in English. _____
 No

Did you provide services in French?

Yes. Estimate the percentage of time you provided services in French. _____
 No

Evaluation of internship experience

The positive aspects of the internship: *(Maximum 50 words)*

The negative aspects of the internship: *(Maximum 50 words)*

Suggestions and improvements for future internships: *(Maximum 50 words)*

Career perspective

If in the final year of your program of study, were you offered employment at the end of your internship?

Yes No N/A

Did you submit an employment application to the organization hosting the internship at the end of your internship?

Yes No N/A

Name

Signature

Date (yyyy/mm/dd)