**School of Computer Engineering and Information Technology**

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| **Local Internship Form I** |

1. **Student Name: -------------------------------------------------------------------------------------------**
2. **Student No.: ---------------------------------------------------------------------------------------------------**
3. **Major(Computer Science \Computer Engineering\ Communication Engineering ):**

**--------------------------------------------------------------------------------------------------------------------**

1. **Phone: ------------------------------- Mobile:-----------------------------------------------------------------**
2. **E-mail: ----------------------------------------------------------------------------------------------------------**
3. **Study Year Level: ------------------------------------------Semester --------------------------------------**
4. **No. of Pass Credit Hours: ----------------------------------------------------------------------------------**
5. **No. of Credit Hours Registered during application for Local Internship: ------------------------**
6. **No. of Credit Hours Registered during Local Internship: -------------------------------------------**
7. **Signature: --------------------------------------------------Date --------------------------------------------**

|  |
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| **List of Proposed Locations for Local Internship** |

|  |  |  |
| --- | --- | --- |
| **Tel. No** | **Firm/Institution Name** |  |
|  |  | **1.** |
|  |  | **2.** |
|  |  | **3.** |
|  |  | **4.** |

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| **Local Internship Officer Signature: -----------------------------------------------------------------------**  **Date: --------------------------------------------------------------------------------------------------------------** |

**School of Computer Engineering and Information Technology**

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| **Local Internship Form II** |

**To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at School of Computer Engineering and Information Technology at German-Jordanian University (GJU)** would like to get your approval on providing Internship opportunity for one of its students for at least 160 working hours (from 4-8 working weeks).

School of Computer Engineering and Information Technology ensure you that any data and materials related to your Firm/Institution will be only used for academic purposes. Students should confirm to the Firm/Institution work regulations and rules.

|  |  |
| --- | --- |
| **Student No:** | **Student Full Name:** |
| **Date:** | **Major:** |

**To confirm your approval, please complete the following table.**

**With our best regards**

**Head of Department**

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| --- |
| **Approval of Accredited Firm/Institution** |

|  |
| --- |
| **Student Name:** |

**Information about Firm/Institution:**

|  |  |
| --- | --- |
| **Name of Firm/Institution:** | |
| **Fax No.:** | **Address:** |
| **E-mail:** | **Name of Person in Charge:** |
| **Weekly Internship Days:** | **City Location (Name):** |
| **Training Period:**  **From:------------------------- To:------------------** | **Daily Internship Hours:**  **From:---------------------- To:--------------------------** |
| **Signature of Person in Charge:** | |

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| **Form is to be sent back to local Internship officer after agreement** |

**School of Computer Engineering and Information Technology**

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| **Local Internship Form III**  **Student Performance Evaluation**  **Confidential Report** |

|  |  |  |
| --- | --- | --- |
| **Student No.** | **Student Name:** | |
| **Fax:** | **Tel:** | **Firm /Institution Name:** |
| **To:** | **From:** | **Local Internship period:** |
| **No. of Total Internship Hours:** | | **No. Total Internship Weeks:** |

**Evaluation of the students Performance**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **weak** | **Acceptable** | **good** | **Very good** | **Indicators** | **No.** |
|  |  |  |  | **Student general performance** | **1.** |
|  |  |  |  | **Student relations with his/her co-workers** | **2.** |
|  |  |  |  | **Student relations with person in-charge at Firm/Institution** | **3.** |
|  |  |  |  | **Student accountability for holding responsibility of assigned jobs** | **4.** |
|  |  |  |  | **Student capabilities for development** | **5.** |
|  |  |  |  | **Student capabilities for documentation** | **6.** |
|  |  |  |  | **Student capabilities for research** | **7.** |
| **Additional Notes** | | | | | **8.** |

|  |  |
| --- | --- |
| **Position:** | **Person in Charge:** |
| **Date:** | **Signature and Official Stamp:** |

This Report is confidential and should be sent to the local Internship Officer in a sealed envelope.