



Informatique & Mathématiques Appliquées

Sciences, Technologie, Médecine

EVALUATION FORM TRAINING MASTER 2 Pro ICAO 2006-2007

NAME OF STUDENT :

Dates of training period :

ENTERPRISE

Address

Name of student's supervisor

APPRAISAL CONCERNING :

- THE STUDENT (assiduousness, integration, participation, initiative, comprehension, etc...)
- THE TRAINING (quality of work, respect of specification, quality of software, etc...)

Are you globally satisfied with the work of the student ?

YES NO

Other remarks :

Signature and enterprise's stamp

Document to return before August 29 th 2007 at the following address

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