

## CERTIFICATE END OF INTERNSHIP *HANDS-ON TRAINING – S8*

**I UNDERSIGNED (E)**

Last name / First name of the internship tutor : -----

Name of the receiving organization : -----

**CERTIFY THAT :**

Last name / first name of the student : -----

**STUDYING AT THE NATIONAL SCHOOL SUPERIOR OF ARCHITECTURE OF MONTPELLIER  
WITH CARRIED OUT ITS OBLIGATORY INTERNSHIP "HANDS-ON TRAINING" FOR A MINIMUM DURATION OF 8 WEEKS  
FULL-TIME UNDER MY RESPONSIBILITY.**

From..... to.....

**GENERAL APPRECIATION ON THE TRAINING/ STUDENT:**

- very satisfactory       satisfying       fairly satisfactory       unsatisfactory

**DOES THE TRAINING COURSE PROCEEDED IN ACCORDANCE WITH THE MISSIONS AND TASKS REQUIRED FOR THE PERIOD OF INTERNSHIP ?**

- Yes  
 Not why ? .....
- .....  
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Empty rectangular box for additional notes or comments.

**SUMMARY COMMENT ON THE EDUCATION LEVEL OF THE TRAINEE IN THE FIELD CONCERNING THE PRECISE WORK WHICH WAS ENTRUSTED TO HIM:**

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**WOULD YOU AGREE TO TAKE ANOTHER TRAINEE ?**

- yes
- Not, for which reasons ?

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Place, -----

Date -----

Signature and seal of the tutor :

