

CERTIFICATE END OF INTERNSHIP HANDS-ON TRAINING – S8

ACADEMIC YEAR (*Année universitaire*) :

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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BUREAU DES STAGES

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marie-helene.narchal@montpellier.archi.fr

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 :