## CHAOYANG UNIVERSITY OF TECHNOLOGY DEPARTMENT OF LEISURE SERVICES MANAGEMENT MARK SHEET OF STUDENT'S OFF- CAMPUS INTERNSHIP

Student Name:				Student No.:											
Company Name:					Department / Position:										
School Year: 1 <sup>st</sup> Semester Internship F					Period:	eriod:		/	/ to		/		,		
Off Du (Do fill	uty ( in)	Sick leave:dayhour Public lea Casual leave:dayhour Truancy: Be late:times			_day	hour		Marriage leave Funeral leave:			day				
No.	Grading Item Please tick <b>V</b> the appropriate column						Performance LevExcellent10987654						2	Poor 1	
1	Coo	peration													
2	Dep	endability													
3	Enth	nusiasm													
4	Wor	k Quality													
5	Initiative														
6	Atte	ndance													
7	Pers	onal Appear	rance												
8	Foll	ow Instructi	on and Gu	idance											
9	Con	nmunication	Skills												
10	Resp	oonsible, Se	rious and	Dutiful											
		Tot	al Points												

Supervisor's Comments (Please make a detailed description and suggestions upon student's internship performance.)

Supervisor's Signature

Date

HR Department Signature

Date

Please fax or email the completed forms to: Email: qqoo1006@cyut.edu.tw Fax: **886-4-2374-2363** by 31/Jan/2017. If you have any questions, please call **886-4-23323000** ext.**7465** 

## CHAOYANG UNIVERSITY OF TECHNOLOGY DEPARTMENT OF LEISURE SERVICES MANAGEMENT MARK SHEET OF STUDENT'S OFF- CAMPUS INTERNSHIP

Student Name:					Student No.:									
Company Name:					Department / Position:									
School Year: 2 <sup>nd</sup> Semester Internship			Internship Period:		/	/	to	/	/					
Off Duty	Sick leave:	day	hour	Public leave:	_day	hour	Marriage	e leave:	day	hour				
(Do fill in)				Truancy:	_day	hour	Funeral	leave:	day	hour				
(Do fill in)	Be late:		times											

	Grading Item		Performance Level								
No.	Please tick <b>V</b> the appropriate column	Exce		0	7	(	5	4	2	2	Poor
		10	9	8	7	6	5	4	3	2	1
1	Cooperation										
2	Dependability										
3	Enthusiasm										
4	Work Quality										
5	Initiative										
6	Attendance										
7	Personal Appearance										
8	Follow Instruction and Guidance										
9	Communication Skills										
10	Responsible, Serious and Dutiful										

## **Total Points**

Supervisor's Comments (Please make a detailed description and suggestions upon student's internship performance.)

Supervisor's Signature

Date

HR Department Signature

Date

Please fax or email the completed forms to: Email: qqoo1006@cyut.edu.tw Fax: **886-4-2374-2363** by 30/Jun/2017. If you have any questions, please call **886-4-23323000** ext.**7465**