

Feedback Form on Internship

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Not shared

* Indicates required question

Student Name *

Your answer

USN *

Your answer

Starting Date of Internship *

Date

dd-mm-yyyy

End Date of Internship *

Date

dd-mm-yyyy

What is the name of the industry in which the internship was conducted? *

Your answer



Did you receive the internship you were expecting? *

- ☐ Yes
- ☐ No

How would you rate the overall quality of your internship experience in terms of learning and skill development? *

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Poor

Did the internship provide sufficient opportunities to apply the theoretical knowledge gained during your coursework? *

- ☐ Yes
- ☐ No
- ☐ Partially

How effective was the guidance and support provided by the industry mentors and supervisors during your internship? *

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Poor



What specific skills or knowledge did you gain during the internship that you believe will be useful for your career? *

Your answer

Were there any challenges or gaps during the internship? If yes, how do you think they could be addressed? *

Your answer

Submit

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