



UNIVERSITÉ D'AVIGNON
ET DES PAYS DE VAUCLUSE

Sciences
Technologies
Santé

**MASTER Agrosiences
GQPV**

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**Training Evaluation form
professional MASTER 1 and MASTER 2 Agrosiences
GQPV
University Year 20 ..- 20 ..**

Last Name and First Name of student :

First-year Master Second-year Master

Last Name and First Name of training supervisor :

Address :

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Tel : Fax :

Email :

Training subject/theme :

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Beginning of training End of training :

General comments and appreciation :

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EVALUATION	Very satisfactory	Satisfactory	Average	Unsatisfactory
Intellectual capacities				
Technical competence				
Mastering of the subject matter				
Work motivation				
Integration into the team and relational abilities				
Spirit of initiative and autonomy				
Respect of hierarchy, punctuality, ...				

Completed at on
Signature and stamp of establishment

***This form to be returned, completed and signed, 1 week before the end of the training period
To Florence Léautier sec-agro@univ-avignon.fr Agrosiences Masters Secretary***