



INSTITUTE OF BUSINESS ADMINISTRATION KARACHI

STUDENT APPRAISAL FORM

To be filled in by the Mentor / Supervisor

GENERAL INFORMATION

Organization Name: _____

Mentor / Supervisor Name: _____

Designation and Department: _____

IBA Student Name: _____

IBA-ERP #: _____

Commencement Date: _____

Ending Date: _____

STUDENTS WORK HABIT

Supervisors are requested to assess the student candidly on the attributes mentioned below:

<i>Marks out Of 10 each</i>	
Punctuality	
Regularity	
Productivity	
Relationship with others	
Initiative	
Maturity	
Confidence	
Analytical Ability / Creativity	
Ability to work Hard	
Knowledge	
Total (out of 100 Marks)	

GRADING PLAN FOLLOWED AT IBA

Percentage	Grade	GPA
93 - 100	A	4.00
87 - 92	A-	3.67
82 - 86	B+	3.33
77 - 81	B	3.00
72 - 76	B-	2.67
68 - 71	C+	2.33
64 - 67	C	2.00
60 - 63	C-	1.67
0 - 59	F	0.00

BRIEF DESCRIPTION OF WORK ASSIGNED

OTHER COMMENTS AND SUGGESTIONS

Supervisor's Signature:

Date:

CERTIFICATE FROM HR DEPARTMENT

This is to certify that Mr. / Ms

has completed _____ weeks internship at our organization

From

To

Name of HR Person:

Designation

Signature:

Date:
