

ATTACHMENT 4

UNIVERSITY OF BARI - COURSES IN BIOTECHNOLOGIES

QUESTIONNAIRE ON THE TRAINING ACTIVITY

TO BE FILLED BY THE TUTOR OF THE INSTITUTION/ENTERPRISE

Please, fill all the sections and join it to the documents required for the acceptance of the training activity.
The information will be kept confidential.

Name of the Tutor _____

Name of the Institution/Enterprise _____

Name of the Student _____

Cross the appropriate answer

With respect to the training project:

the duration of the training has been insufficient 1 2 3 4 5 excessive

the scientific background of the student has been insufficient 1 2 3 4 5 very good

the involvement of the student has been insufficient 1 2 3 4 5 very good

the secretary office of the University of Bari has provided assistance/advice? none 1 2 3 4 5 adequate

The collaboration with the academic tutor has been insufficient 1 2 3 4 5 very good

Would you repeat this experience? no 1 2 3 4 5 yes, certainly

Has this experience been useful for you? no 1 2 3 4 5 yes, certainly

If you wish to suggest to our University other requisites that students should gain, which one would you suggest?

Other comments

Date _____ Signature of the Tutor _____

**Spazio riservato alla Segreteria Didattica del
Dipartimento di afferenza**

Ricevuta il