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| **FENERBAHÇE UNIVERSITY**  **FACULTY OF PHARMACY**  **ANNEX-6**  **INTERNSHIP PLACE**  **INTERNSHIP EVALUATION FORM** |

To Whom It May Concern,

Please fill out and approve this form to evaluate the internship applications of our students who have completed the compulsory internship in your institution . Your opinions will be the basis for the evaluation to be made by us. Send the form to the Faculty Secretariat in a sealed, signed envelope, ensuring that the student does not see it.

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| Student's Name and Surname |  |
| Class |  |
| Business / Institution Name and Title |  |
| Branch and Department Worked in |  |
| Internship Start and End Dates |  |
| Number of Internship Days |  |

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| --- | --- |
| **EVALUATION CRITERIA** | **POINT\*** |
| Business Knowledge and Skills |  |
| Ability to Use Tools/Materials |  |
| Job Understanding and Application Ability |  |
| Quality of His/Her Work |  |
| Accomplishing the Assigned Task on Time |  |
| Problem Solving Skills |  |
| Taking Responsibility |  |
| Desire to Improve Oneself |  |
| Communication Skills |  |
| Teamwork Skills |  |
| **GRAND TOTAL SCORE** |  |

*\*Evaluate each item out of 10 points. (1-worst, 10-best)*

|  |  |  |
| --- | --- | --- |
| Student’s Strengths |  | |
| Student's Weaknesses |  | |
| Any information you would like to add |  | |
| **INTERNSHIP PLACE INTERNSHIP RESPONSIBLE** | | |
| **Name Surname – Position / Title** | | **Signature – Stamp – Date** |