

# FENERBAHÇE UNIVERSITY

**FACULTY OF ENGINEERING**

##  INTERNSHIP EVALUATION FORM

##  STUDENT INFORMATION AND INTERNSHIP DATES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name Surname |  | T.R. Identification No |  | Please Confirm with Photograph |
| Student ID |  | Department |  |
| E-mail Address |  | Telephone No |  |
| Address |  |
| Internship Start Date |  |  Internship term (workday) |  |
| Internship End Date |  |  Department (departments) they work in  |  |

**INFORMATION ON INTERNSHIP AND PLACE OF INTERNSHIP**

|  |  |  |
| --- | --- | --- |
| Employer / Business  | Name |  |
| Open Address |  |
| Area of Production/Service |  |
| Telephone no |  | Web address & E-mail address |  |
| **THE AUTHORITY APPROVING THE INTERNSHIP JOURNAL ON BEHALF OF THE BUSINESS/COMPANY**I declare and attest that the student, whose name and information is written above, has completed their practical internship term of ……. (…………………) workdays at our business and has arranged their internship journal themselves.  |
| business internship supervisorName Surname |  | Signature / Stamp / Date |  |

**STUDENT EVALUATION OF THE INTERNED INSTITUTION/WORKPLACE INTERNSHIP AUTORITY**

|  |
| --- |
| **EVALUATION**(The factors below will be evaluated according to a 1-5 grading system)**1: Very Low 2: Low 3:Moderate 4: High 5: Very High**1432123455 |
| Ability of professional problem solving  |  |  |  |  |  | Interest at work |  |  |  |  |  |
| Attitude and manner towards colleagues |  |  |  |  |  | Sense of responsibility |  |  |  |  |  |
| Ability to utilize professional tools and equipment  |  |  |  |  |  | Establishing communication |  |  |  |  |  |
| Compliance to business regulations |  |  |  |  |  | Ability of decision making independently |  |  |  |  |  |
| Ability to use time efficiently and being organized  |  |  |  |  |  | Ability to put theoretical knowledge into practice |  |  |  |  |  |
| Ability of creative thinking  |  |  |  |  |  | General success status |  |  |  |  |  |

**INTERNSHIP COMMISION EVALUATION**

|  |  |
| --- | --- |
|  The ………………………………………….… implementation of a duration of ……. (…….……...) workdays has been evaluated as SUCCESSFUL / UNSUCCESSFUL. | HEAD OF DEPARTMENTAPPROVAL |
| …../…../202. | SignatureName, Surname |   | Internship Com. Dir. Member |  Member |  |

**NOTE:** For the internship to be considered valid, this document must be filled in completely with correct explanations and it should be submitted to the Internship Commission in a stamped, signed, sealed envelope or it should be submitted electronically to the institutional e-mail address of the Internship Commission by the business (company) representative.