



Kadir Has University, Faculty of Engineering and Natural Sciences

INTERNSHIP EVALUATION FORM

(This form must be filled by Site Supervisor* and then approved by the internship firm [human resources]. Site Supervisor* is the one who is responsible of trainee/intern in the internship firm during the period of internship. Site Supervisor* must be graduated from related engineering department.)

STUDENT'S

Name and Surname:
 Department:
 Faculty no/id:.....
 Internship Start-End Date: Internship Course Code: MDBF __99
 Total workdays: Course Registration: 20__ - 20__ FALL/SPRING

INTERNSHIP FIRM/COMPANY

Name:
 Address:
 Phone number:.....

INTERNSHIP DEPARTMENT (at firm/company)

Site Supervisor*:
 Title (Position) of Site Supervisor*:.....
 Signature of Site Supervisor*:.....
 Phone number and e-mail of Site Supervisor*:

COMPANY/FIRM APPROVAL (Human Resources)

The person who approves the student's application

Name and Surname:
 Title (Position):.....
 Date, Signature and Stamp:

OPINIONS ABOUT THE STUDENT/INTERN (Site Supervisor* will fill this area.)

	(5) V.Good	(4) Good	(3) Neither Good nor Bad	(2) Bad	(1) V.Bad
Discipline while working					
Compliance with the work environment					
Problem identification and solving skills					
Teamwork predisposition					
Written and verbal communication skills					
Professional and ethical responsibility awareness					

Extras:

Internship Commission of University will fill this area.

Accepted workdays of this internship:

Member of Commission:

Date:

Signature: