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| **Student Information** |
| **Name and Surname** |  | Photo |
| **Student Number** |  |  |
| **Department** |  |  |
| **Class** |[ ]  I |[ ]  II |[ ]  III |[ ]  IV |  |
| **Education Type** |[ ]  Daytime |[ ]  Evening |  |
| **Phone Number** |  |  |
| **E-Mail** |  |  |
| **Adress** |  |  |
| ***Internship Start Date*** | … / … / 20… | ***Internship Start Date*** | … / … / 20… |  |
| ***Company Information*** |
| ***Company Name*** |  |
| **Service Area** |  |
| **Phone Number** |  |
| **Fax** |  |
| **Website** |  |
| **Adress** |  |
| **COMPLIANCE WITH THE DIRECTIVES & INTERNSHIP CONTINUITY** | The student whose information is given above has complied with the directives, conditions and internship continuity to the maximum extent. |[ ]  YES |
|  |  |[ ]  NO |

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| --- | --- | --- |
| **S/N** | **Internship Evaluation Outcomes** | **Evaluation Scale** |
|  |  | **Poor** | **Low** | **Average** | **Good** | **Very Good** |
| 1 | Ability to apply mathematics, engineering, and social sciences to engineering problems | 1 | 2 | 3 | 4 | 5 |
| 2 | Ability to identify, interpret, and solve engineering problems | 1 | 2 | 3 | 4 | 5 |
| 3 | Ability to analyze a system or process and design it to meet specific requirements | 1 | 2 | 3 | 4 | 5 |
| 4 | Success in teamwork | 1 | 2 | 3 | 4 | 5 |
| 5 | Self-confidence and ability to take responsibility | 1 | 2 | 3 | 4 | 5 |
| 6 | Ability to manage time and complete tasks | 1 | 2 | 3 | 4 | 5 |
| 7 | Ability to communicate effectively both verbally and in writing | 1 | 2 | 3 | 4 | 5 |
| 8 | Ability to work independently | 1 | 2 | 3 | 4 | 5 |
| 9 | Willingness and ability to learn | 1 | 2 | 3 | 4 | 5 |
| 10 | Behavior towards managers / supervisors | 1 | 2 | 3 | 4 | 5 |
| 11 | Awareness of professional and ethical responsibilities | 1 | 2 | 3 | 4 | 5 |
| 12 | Knowledge of current professional developments | 1 | 2 | 3 | 4 | 5 |
| **Internship Evaluation Score:** **100 × (Total of Evaluation Results/60) =** | **…** |
| Would you consider employing the same intern again? |[ ]  YES [ ]  |  | NO |
| Would you like to hire an intern from our department next year? |[ ]  YES [ ]  |  | NO |
| ***Please provide your feedback and recommendations regarding our student.*** |
|  |
| **Internship Officer** |
| **Name Surname** |  |  *Signature / Stamp / Date* |
| **Position / Title** |  |  |