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| **Name-Surname** | |  |  | |  | | | | | | | | | |
| **Department** | |  |  | |  | | | | | | | | | |
| **Workplace of internship** | |  |  | |  |  | |  | |  | |  | |  |
| **Internship start date** |  | | **Internship end date** | |  | | | **Total working-day** | |  | |  | | |
| **Is Saturday included in the internship?** | | | | | **Yes  No ** | | | | | | | | | |
| **Content of internship /  Work to be done** | | |  | |  | | | | | | | | | |
| **Student Internship Evaluation** | | | | **1 Lower than expected** | | | **2 Partially meet expectations** | | **3 Meet expectations** | | **4**  **Higher than expected** | | **5**  **Quite higher than expectations** | |
| Attendance situation | | | |  | | |  | |  | |  | |  | |
| Work discipline | | | |  | | |  | |  | |  | |  | |
| Following workplace rules | | | |  | | |  | |  | |  | |  | |
| Communication with collegaues | | | |  | | |  | |  | |  | |  | |
| Self improvement/desire to learn | | | |  | | |  | |  | |  | |  | |
| Taking responsibility | | | |  | | |  | |  | |  | |  | |
| Ability to adapt work | | | |  | | |  | |  | |  | |  | |
| General performance of work | | | |  | | |  | |  | |  | |  | |
| **Thoughts: (specify the opinions you would like to add)** | | | | | | | | | | | | | | |
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| **WORKPLACE INTERNSHIP RESPONSIBLE** | | | | | | | | | | | | | |
| Name-Surname |  | | Date |  | | Signature  /Stamp | |  | | | | | |
|  |  |  |  |  |  | |  | |  |  | |  |
| **PROGRAM INTERNSHIP RESPONSIBLE** | | | | | | | | | | | | |
| Name-Surname | **Asst.Prof.Dr**  **ELİF GÜLER** | | Date |  | | Signature | |  | | | | |
|  |  |  |  |  |  | |  | |  |  | |  |
| ***When the internship is completed, it will be delivered to the student in a sealed envelope by the workplace internship officer or by post to Marmara Eğitim Köyü - ……... Faculty / …… 34857 Maltepe / İstanbul.*** | | | | | | | | | | |  | |
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