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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** | **1Lower than expected** | **2Partially meet expectations**  | **3Meet 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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