

APP-4. Institution/Organization Student Internship Evaluation Form

**ESKİŞEHİR TECHNICAL UNIVERSITY
FACULTY OF ENGINEERING
INSTITUTION/ORGANIZATION STUDENT INTERNSHIP EVALUATION FORM**



STUDENT INFORMATION

Name-Surname : Phone Number :
 ID Number : Internship Start Date :/...../.....
 Programme : Internship End Date :/...../.....
 Permanent Address :

INTERN EVALUATION FORM							
No	Evaluation Criteria	Explanation	Very good (5)	Good (4)	Satisfactory (3)	Poor (2)	Very Poor (1)
1	Field Knowledge	Displaying a strong sense of the mission and responsibility of the related to engineering area, with the full command of the theoretical and practical knowledge it requires					
2	Professional skill	Ability of applying knowledge related to Engineering profession					
3	Communication Skills	Accurate comprehension of the written and/or oral instructions, accurate verbal and/or written expression of ideas, accurate and punctual delivery of information					
4	Inclined to team work	Providing assistance to co-workers, adapting to team's speed, contributing to teamwork					
5	Self-Development	Having an open mind, ability to see the shortcomings and eliminate them, being prepared for further steps, making effort to increase knowledge and skill					
6	Representational Skills	Appearing professional and being polite, earning the trust of others, performing exemplary workplace actions					
7	Devotion to Work	Being aware of the duties and responsibilities, ability to conclude assigned tasks					
8	Time Management	Determining priorities, fulfilling the determined work plan by taking the time factor into account					
9	Discipline	Ability to adapt to working hours, making effort to finish the given task before deadlines					
10	Attendance at work	Maintaining workplace attendance except extraordinary circumstances					
Overall Evaluation Score (AVERAGE)*							

***If the general evaluation score is above or equal to 3, the intern is accepted as successful.**

PLEASE FILL IN THE FOLLOWING FIELDS IN DETAIL	
1	Intern's strengths
2	Intern's weaknesses
3	General opinions about the quality of intern's education provided by vocational school?
4	Would you consider to employ this intern after his/her graduation?
5	If any, additional suggestions:
Thank you for your time and effort.	

This part will be filled by authorized staff of the establishment.

INSTITUTIONAL/ORGANIZATIONAL INFORMATION

Name :
 Address :
 Telephone/Fax : /
 Web Address :

INSTITUTIONAL/ORGANIZATIONAL AUTHORITY

Name-Surname :
 Title :
 Signature/Stamp :

EK-5. Staj Raporu Sayfası Örneđi

STAJ RAPORU SAYFASI ÖRNEĐİ

ÖĐRENCİNİN ÇALIŐTIĐI BÖLÜM:

TARİH: / /

KONTROL EDEN BİRİM SORUMLUSU:

İMZA, KAŐE/MÜHÜR :

APP-5. Sample Training Report Page

TRAINING REPORT PAGE

THE NAME OF THE DEPARTMENT WORKED AS INTERN:

DATE: / /

APPROVAL OF THE AUTHORIZED PERSON FOR INTERNSHIP:

SIGNATURE, COMPANY STAMP/SEAL :

ESKİŞEHİR TEKNİK ÜNİVERSİTESİ
MÜHENDİSLİK FAKÜLTESİ

(Times New Roman Kalın 18 Font)

Staj Raporu

(Times New Roman Kalın 22 Font)

Öğrencinin

Adı – Soyadı :

T.C. Numarası :

Bölümü:

(Times New Roman Kalın 16) Font)

ESKİŞEHİR

**ESKİŞEHİR TECHNICAL UNIVERSITY
FACULTY OF ENGINEERING**

(Times New Roman, Bold, 18 pt Font)

Internship Report

(Times New Roman, Bold, 22 pt Font)

Student's

Name and Surname :

ID Number:

Department:

(Times New Roman, Bold, 16 pt Font)

ESKİŞEHİR

EK-5b. Staj Raporu İç Kapak Sayfası

**ESKİŞEHİR TEKNİK ÜNİVERSİTESİ
MÜHENDİSLİK FAKÜLTESİ
STAJ RAPORU İÇ KAPAK SAYFASI**

Fotoğraf

ÖĞRENCİNİN:

Adı-Soyadı :

T.C. Numarası :

Bölümü :

Kayıt Yılı :

STAJ YAPILAN KURUM/KURULUŞUN:

Adı :

Adresi :

Telefon :

Faks :

E-mail :

Stajın Başlangıç Tarihi :

Stajın Bitiş Tarihi :

STAJ YAPILAN KURUM/KURULUŞUN STAJDAN SORUMLU PERSONELİNİN:

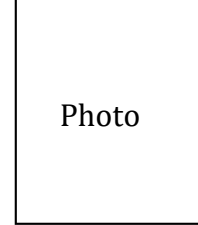
İmza-Mühür :

Unvanı :

Adı-Soyadı :

APP-5b. Internship Report Inner Cover Page

**ESKİŞEHİR TECHNICAL UNIVERSITY
FACULTY OF ENGINEERING
INTERNSHIP REPORT INNER COVER PAGE**



STUDENT'S:

Name-Surname :

ID Number :

Department :

Registration Year :

INSTITUTION/ORGANIZATION:

Name :

Address :

Phone :

Fax :

E-mail :

Internship Start Date :

Internship End Date :

INSTITUTION/ORGANIZATION AUTHORIZED PERSON FOR INTERNSHIP:

Signature-Seal :

Title :

Name-Surname :