


T.R.
ESKİŞEHİR TECHNICAL UNIVERSITY
FACULTY OF AERONAUTICS AND ASTRONAUTICS
INTERNSHIP EVALUATION FORM - INSTITUTION/ORGANIZATION – 1/2

INTERNSHIP STUDENT INFORMATION

| | | |
|-----------------------------------|--|--|
| NAME-SURNAME | | PHOTOGRAPH  |
| DEPARTMENT | | |
| ID NUMBER | | |
| INTERNSHIP START DATE |/...../..... | |
| INTERNSHIP COMPLETION DATE |/...../..... | |
| WORKDAYS | Daily Working Hours: <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 | |

INSTITUTION/ORGANIZATION EVALUATION

| | Very Poor (1) | Poor (2) | Satisfactory (3) | Good (4) | Very Good (5) |
|--|------------------|-------------|--|-------------|------------------|
| a) WORKING AND EFFORT | | | | | |
| b) DOING THE JOB PROPERLY AND ON TIME | | | | | |
| c) DISCIPLINE AND FOLLOWING RULES | | | | | |
| d) OCCUPATIONAL KNOWLEDGE | | | | | |
| e) OCCUPATIONAL SKILL | | | | | |
| EVALUATION OF INSTITUTION/ORGANIZATION AVERAGE GRADE* (a+b+c+d+e)/5 = | | | | | |
| *Average Grade given by the Institution/Organization must be a minimum of 3 for the internship student to be considered SUCCESSFUL . | | | | | |
| GENERAL IDEAS: | | | | | |
| INSTITUTION/ORGANIZATION NAME: | | | | | |
| INSTITUTION/ORGANIZATION AUTHORITY (NAME/SURNAME, TITLE): | | | APPROVAL (Date, Stamp and Signature) | | |

T.R.
ESKİŞEHİR TECHNICAL UNIVERSITY
FACULTY OF AERONAUTICS AND ASTRONAUTICS INTERNSHIP
EVALUATION FORM – DEPARTMENT – 2/2

INTERNSHIP EVALUATION COMMISSION OF THE DEPARTMENT

| | Very Poor (1) | Poor (2) | Satisfactory (3) | Good (4) | Very Good (5) |
|--|--|-------------|--|-------------|------------------|
| a) INTERNSHIP REPORT | | | | | |
| b) PRESENTATION (If Required) | | | | | |
| WORKING DAYS THAT IS SUGGESTED FOR ACCEPTANCE: | | | | | |
| AVERAGE GRADE OF INTERNSHIP EVALUATION* (a+b)/2=..... | | | | | |
| *Average Grade given by the Internship Evaluation Commission must be <u>a minimum of 3</u> for the internship student to be considered SUCCESSFUL. | | | | | |
| REASONS (To be filled if the internship student is conditionally accepted or found unsuccessful) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| CHAIRMAN OF INTERNSHIP EVALUATION COMMISSION | MEMBER OF INTERNSHIP EVALUATION COMMISSION | | MEMBER OF INTERNSHIP EVALUATION COMMISSION | | |
|/...../20.... APPROVAL |/...../20.... APPROVAL | |/...../20.... APPROVAL | | |

INTERNSHIP COMMISSION OF THE DEPARTMENT

| | | |
|--|-------------------------------------|---------------------------------------|
| ACCEPTED WORKING DAYS: | SUCCESSFUL <input type="checkbox"/> | UNSUCCESSFUL <input type="checkbox"/> |
| REASONS (To be filled if the student is found unsuccessful): | | |
| | | |
| | | |
| | | |
| | | |

APP.-3. Internship Evaluation Form - Institution/Organization

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|--------------------------------------|---------------------------------------|---------------------------------------|
| CHAIRMAN OF INTERNSHIP COMMISSION | MEMBER OF INTERNSHIP COMMISSION | MEMBER OF INTERNSHIP COMMISSION |
|/...../20.... APPROVAL |/...../20.... APPROVAL |/...../20.... APPROVAL |