


T.R.
ESKİŞEHİR TEKNİK 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 <u>a minimum of 3</u> for the internship student to be considered SUCCESSFUL.					
GENERAL IDEAS:					
INSTITUTION/ORGANIZATION NAME:					
INSTITUTION/ORGANIZATION AUTHORITY (NAME/SURNAME, TITLE):			APPROVAL (Date, Stamp and Signature)		

INTERNSHIP EVALUATION COMMISSION OF THE DEPARTMENT

INTERNSHIP COMMISSION OF THE DEPARTMENT

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