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| --- | --- | --- | --- |
| **STUDENT INFO** | | | |
| Name Surname | | |  |
| Student No | | |  |
| Department | | |  |
| Name of the Company or Instution | | |  |
| Internship Category | | | Int I □ Int II □ |
| Starting Date – Ending Date | | |  |
| Number of Days Worked | | |  |
|  | | | |
| **DEPARTMENTS WHERE STUDENT WORKED AT** | | | |
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| **EVALUATION**(A: Very Good, B: Good, C: Avarage, D: Poor) | | | |
| **Criterias** | **Note** | **Comments** | |
| Occupational Enthusiasm |  |  | |
| Occupational Ability |  |  | |
| Communication and Social Skills |  |  | |
| Productivity and Efficiency |  |  | |
| Time Management |  |  | |
| Ability of Taking Responsibility/Initiative |  |  | |
| Other |  |  | |
| **Overall Evaluation** |  |  | |
|  | | | |
| **APPROVAL** | | | |
| **Intern Supervisor** | | | **Company Official** |
| Name – Surname– Signature – Seal | | | Name– Surname– Signature – Seal |
|  | | |  |

* This form should be given in a closed envelope to the student.
* The sudent is responsible to deliver this form to the inten supervisor.
* This form should be signed and sealed.
* The Social security contribution payments of the student will be defrayed by Ege University Engineering Faculty.