DOĞUŞ UNIVERSITY ………………. FACULTY/DIRECTORATE

INTERN STUDENT EVALUATION FORM

|  |  |
| --- | --- |
| **Department** |  |
| **Type of Internship** |  |
| **Student’s Name - Surname** |  |
| **Number and Semester** |  |
| **Workplace Name and Title** |  |
| **Department of Study** |  |
| **Start and End Date** |  |

The performance of our student, who gives Applied Traning in your business during his / her working time, will be evaluated with the specified points, taking the following criteria into account. The director's views on this matter will be taken as a basis. Please put the form in a sealed envelope and send it to the relevant instructor in charge.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criteria** | **Very Good 5)** | **Good (4)** | **Average (3)** | **Insufficient (2)** |
| Attendance and Punctuality |  |  |  |  |
| Following Instructions |  |  |  |  |
| Business Knowledge and Skills |  |  |  |  |
| Desire to Learn the Subject |  |  |  |  |
| Ability to Understand and Apply What has been taught |  |  |  |  |
| Ability to Take Responsibility |  |  |  |  |
| Using Initiative |  |  |  |  |
| Appearance |  |  |  |  |
| Communication with the Customer |  |  |  |  |
| Communication with Colleagues |  |  |  |  |
| Communication with Supervisors |  |  |  |  |
| Industry Suitability |  |  |  |  |
| Evaluation of the Entire Work |  |  |  |  |
| Total out of 65 points |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Chances of Being Successful in High Level Missions in the Future | **HIGH** |  **MEDIUM** | **LOW** |  **NONE** |
|  |  |  |  |
| Would you consider hiring? |  |  |  |  |

**THE MANAGER FILLING THE FORM**

|  |  |
| --- | --- |
| **Title** |  |
| **Name - Surname** |  |
| **Chamber Registration No** |  |
| **Signature and Stamp** |  |

This part will be filled by the Applied Trainings Subcommittee of the department / program where the student continues his / her education.

|  |  |
| --- | --- |
| Internship General Evaluation Grade (out of 35 points) |  |
| **Responsible Instructor**Signature |  |