

<b>STUDENT INFO</b>		
Name Surname		
Student No		
Department		
Name of the Company or Institution		
Internship Category	Int I <input type="checkbox"/>	Int II <input type="checkbox"/>
Stajın Başlangıç – Bitiş Tarihi		
Öğrencinin Çalıştığı Gün Sayısı		
<b>DEPARTMENTS WHERE STUDENT WORKED AT</b>		
<b>EVALUATION(A: Very Good, B: Good, C: Average, D: Poor)</b>		
<b>Criteria</b>	<b>Note</b>	<b>Comments</b>
Occupational Enthusiasm		
Occupational Ability		
Communication and Social Skills		
Productivity and Efficiency		
Time Management		
Ability of Taking Responsibility/Initiative		
Other		
<b>Overall Evaluation</b>		
<b>APPROVAL</b>		
<b>Intern Supervisor</b>	<b>Company Official</b>	
Name – Surname– Signature – Seal	Name– Surname– Signature – Seal	

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