INTERNSHIP EVALUATION FORM

|  |  |
| --- | --- |
| **STUDENT**Name and Surname:Student Number: | **WORKPLACE** Name :Adress :  |

Intership start date:

Intership end date:

Please write your thoughts you want to add here.

|  |  |
| --- | --- |
| **Qualifications** | **Grade** |
| Interest in work |  |
| Relationship with colleagues |  |
| Communication skill |  |
| Responsibility |  |
| Equipment use skills |  |
| General |  |

\*Please fill in the evaluation table as 1 (worst)-10 (best)

**Workplace Internshıp Responsıble**

|  |
| --- |
| Name-Surname:  |
| Title: |
| Phone: |
| Fax: |
| E-mail : |
| Signature-stamp: |

Please send the internship evaluation form in a sealed envelope to the address below.

|  |
| --- |
| Abdullah Gül UniversityDepartment of Mechanical EngineeringSümer CampusKocasinan 38080 KayseriTel: 0 352 224 88 00 |