



ALANYA ALAADDIN KEYKUBAT UNIVERSITY
RAFET KAYIS ENGINEERING FACULTY
TO ENGINEERING DEPARTMENT
INTERNSHIP EVALUATION FORM

| | | | | | |
|--------------------------------------|--------------|--------------|----------------------------|--|--|
| Student's Name and Surname: | | | School Number: | | |
| Internship Period: | Internship 1 | Internship 2 | Institution/business Name: | | |
| Internship Duration (Working Day): | | | Address: | | |
| Internship Start Date: | | | | | |
| Internship End Date: | | | | | |
| Number of Non-Working Days (if any): | | | | | |

| Student's | Very good | Good | Moderate | Weak | Very Weak |
|--|---|------|----------|------|-----------|
| Attendance status | | | | | |
| Ability to combine theoretical knowledge with practice | | | | | |
| Ability to complete work on time | | | | | |
| Working efficiency | | | | | |
| Ability to use tools and equipment | | | | | |
| Layout and order | | | | | |
| Compliance with occupational safety rules | | | | | |
| Attitude towards her/his superiors | | | | | |
| Attitude towards employees and colleagues | | | | | |
| Other (Please Specify): | Institution / Workplace Official in Charge of Internship; Name Surname: Position/Title: Contact Details: Seal/Stamp and Signature Date: | | | | |

Explanation: This document must be sent confidentially in a sealed and certified envelope, by hand or by post. Other Additional pages can be used for the expressions part.

Address: Alanya Alaaddin Keykubat Üniversitesi Mühendislik Fakültesi Merkez Mahallesi Sigorta Caddesi 07425 Kestel Alanya-Antalya/TÜRKİYE Tel: +90 (242) 518 22 66