



**T.C.
ISTANBUL GEDİK UNIVERSITY
FACULTY OF ENGINEERING
STUDENT INTERNSHIP REGISTRY FORM**

1. Will be filled by the student.

Student's	Name-Surname		Student Number		PHOTO
	Department		Birth Place and Date		
	Internship Duration		ID / Passport Number		

2. Will be filled by the workplace. (*)

Student's	Date of Beginning of Internship		EVALUATION	A	B	C	D	E
	Date of End of Internship		Continuity to Work					
	Total Number of Workig Days		Diligence					
	Total Number of Non-Working Days		Behavior to Supervisors and Employees					
	Working Departments and Days		Professional Ability					
			Compliance with Workplace Rules					
			Compliance with Occupational Safety Rules					
		General Success Status						
Workplace's Name and Address					A Very Good	D Pass		
					B Good	E Fail		
					C Medium			
Supervisor's	Name Surname		WORKPLACE'S STAMP Supervisor's Signature					
	Duty/Title							
	Date							
	Signature							

3. Will be filled by internship commission.

Evaluation Steps	The Layout and Content of the Notebook		DECISION OF INTERNSHIP COMMISSION	
	Examination of the Subjects			
	Number of Days Accepted			
Members of Internship Commission	Date/...../20...	SIGNATURE	DEAN'S APPROVAL
	Name Surname (Commission Chair)			
	Name Surname (Commission Member)			
	Name Surname (Commission Member)			

The back page can be used for more specific explanations of the Institution / Workplace Authorities regarding the evaluation. This form; At the end of the internship, it must be arranged by the workplace and sent to our Dean's Office in a sealed envelope.

Form 3
MÜH.STJ.FRM.03/REV.00