**T. C.**

**K Ü T A H Y A D U M L U P I N A R U N I V E R S I T Y**

**F A C U L T Y O F E N G I N E E R I N G**

**I N T E R N S H I P E V A L U A T I O N F O R M**

# To be completed by the intern for the Kütahya Dumlupınar University use only

|  |  |  |  |
| --- | --- | --- | --- |
| **STUDENT** | Name and Surname |  | Photo (stamped by student  affairs) |
| Department |  |
| Student ID |  |
| Semester |  |
| Date and Place of Birth |  |
| Internship Type- Duration |  |

|  |  |  |
| --- | --- | --- |
| Internship Approval by Department (\*) |  |  |

*(\*)After the student fills out this section and has it approved by the Department internship commission, his/her photo will be stamped.*

# To be completed by the supervisor in the workplace

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INTERNSHIP WORKPLACE** | Name |  | | | | | | |
| Address |  | | | | | | |
| Internship start date |  | Evaluation(\*\*) | A | B | C | D | F |
| Internship end date |  | Attendance |  |  |  |  |  |
| Total internship days |  | Diligence |  |  |  |  |  |
| Departments in the workplace where the internship took place | | Time Management |  |  |  |  |  |
| Attitude Towards The Manager |  |  |  |  |  |
| Attitude Towards Colleagues |  |  |  |  |  |
| Overall Evaluation |  |  |  |  |  |
| **SUPERVISOR ENGINEER** | Name Surname |  | | APPROVAL  (Workplace's Stamp Signature) | | | | |
| Title, Position, and Department Name |  | |
| Date |  | |
| Signature |  | |

*(\*\*)If the supervisor needs to make more specific explanations regarding the evaluation, the back page can be used..*

# To be completed by the internship commission in University

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Evaluation | | A | B | C | D | F | **RESULT** | | |
| Preparation of the internship report | |  |  |  |  |  | ALL | | NUMBER OF INTERNSHIP DAYS ACCEPTED (IF NOT ALL)  (\*\*\*) |
| Examination of the internship topics | |  |  |  |  |  | ACCEPTED | NOT- ACCEPTED (\*\*\*) |
| Oral Examination Score | |  |  |  |  |  |
| Approved number of internship days | | | | | | |  |  |  |
| **COMMISSION MEMBERS** | | | | | | | **SIGNATURE** | | APPROVAL  Date  (Head of the Department) |
| Name and Surname |  | | | | | |  | |
| Name and Surname |  | | | | | |  | |
| Name and Surname |  | | | | | |  | |

*(\*\*\*) Explain reasons in a separate report in detail.*

**Important Note:** After the second part of the Internship Evaluation form is filled out and signed by the supervisor, it will be approved by the workplace official and sent to the Department in a sealed envelope by mail or by the student.

Evaluation: A: Very Good, B: Good, C: Average, D: Poor, F: Unsuccessful.

If any of the evaluation grades of the supervisor or internship commission are F, the student's internship will not be accepted. In the evaluation made by the Internship Commission, taking into account the evaluation made by the supervisor, 20% of the total working day for each D and 10% of the total working day for each C will be deemed invalid.

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