|  |  |
| --- | --- |
|  | **T.C.**  **SAKARYA UYGULAMALI BİLİMLER ÜNİVERSİTESİ**  **TURİZM FAKÜLTESİ** |
| **INTERNSHIP EVALUATION FORM** |

PHOTO

|  |  |  |  |
| --- | --- | --- | --- |
| **Name Surname** |  | | |
| **Division** |  | | |
| **Student Number** |  | | |
| **Internship Type** | **Summer Intership** | **Professional Practice** | **By Demand** |
| **Start Date** | …/…/20… | | |
| **End Date** | …/…/20… | | |

**EVALUATION**

**Evaluation Values; A:** Great **B:** Good **C:**Adequate **D:** Poor **E:** Awful

*Additional comments about intern::*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Worked Departments** | **Authority of Dpt.** | **Interest of Job** | **Technique Ability** | **Relationship with Employees** | **Engagement with Rules** | **Loyalty of Job Hours** |
| **1.** |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |

*Company Cachet and Authotyi Signature:*

**-----------------------------------------------------------------------------------------------------------------**

***----- This part will be filled by faculty internship board. -----***

|  |  |  |
| --- | --- | --- |
| INTERNSHIP EVALUATION COMMITTEE | | |
| Head of Committee | Member | Member |

Total days of work:

Internship Evalution Result : Approve Decline

Date of Evaluation : … /… / 20…

***\* Please deliver this form in a closed/packed envelope with company cachet.***