

 İZMİR KÂTİP ÇELEBİ ÜNİVERSİTESİ 2011 TS EN ISO 9001:2015	T.C. İZMİR KÂTİP ÇELEBİ ÜNİVERSİTESİ Su Ürünleri Fakültesi	
	INTERNSHİP RECORD FORM	Dok. No: FR/SUF/33
		İlk Yayın Tar.: 9.08.2023
		Rev. No/Tar.: 00/...
		Sayfa 1 / 2

Name and Surname		Paste your passport photo to this area.	
Student Number			
Class			
Number of Working Days			
Starting Date		End Date	
Institution / Organization			

THIS SECTION WILL BE FILLED BY THE INSTITUTION / ORGANIZATION		
Intern Evaluation	Point*	General Evaluation or Remarks on Student (if any)
Willingness and Endeavor to Work		
Doing the Job on Time and Completely		
Behavior towards Other Employees		
Teamwork Compatibility		
Attendance Status		
Overall Score		

* Scoring: A) Very good B) Good C) Fair D) Insufficient

APPROVAL	
Internship Officer (Title, Name, Surname and Signature)	Institution / Organization Official (Title, Name, Surname, Signature and Stamp)
... / ... / 20...	... / ... / 20...

THIS SECTION WILL BE FILLED BY THE FACULTY	
<input type="checkbox"/> The student's internship has been accepted (... working days).	<input type="checkbox"/> The internship of the student was not accepted.
FACULTY APPROVAL	
Head of Internship Commission (Title, Name, Surname and Signature)	Dean (Title, Name, Surname, Signature and Stamp)
... / ... / 20...	... / ... / 20...