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| photo taken within the last 1 year |

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**SAKARYA UNIVERSITY**

**ENGINEERING FACULTY**

**INTERNSHIP REGISTER SHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NAME AND SURNAME** |  | **DEPARTMENT** |  | **INTERNSHIP TYPE**   |  | | --- | |  |   **INTERNSHIP 1:**  **INTERNSHIP 2:**   |  | | --- | |  | |
| **STUDENT NUMBER** |  | **TELEPHONE** |  |
| **DATE** | **INTERNSHIP START** |  | |
| **INTERNSHIP END** |  | |
| **DAYS** | **WORKING** |  | |
| **NOT WORKING** |  | |
| **WORKING DEPARTMENTS** |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **A-PERFECT** | **B-GOOD** | **C-MEDIUM** | **D-PASS** | **E- WEAK** |
| **CONTINUE** |  |  |  |  |  |
| **WORK AND STRESS** |  |  |  |  |  |
| **DOING THE JOB ON TIME AND FULLY** |  |  |  |  |  |
| **ATTITUDE MOVEMENT (GENERAL)** |  |  |  |  |  |
| **ATTITUDE MOVEMENT (WITH WORKERS AND FRIENDS)** |  |  |  |  |  |

|  |  |
| --- | --- |
| **IF YOU HAVE OPINIONS ABOUT THE INTERN, PLEASE WRITE BELOW** | |
|  | |
| **NAME, SIGNATURE AND STAMP OF THE WORKPLACE SUPERVISOR CONTROLLING THE WORK** | **APPROVAL OF THE RESULT BELONGS TO THE FACULTY** |
|  |  |

**\*This form will be delivered to the commission members together with the internship book in a sealed envelope .**