



DOĞUŞ UNIVERSITY

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FACULTY/DIRECTORATE INTERN STUDENT EVALUATION FORM

Department	
Type of Internship	
Student's Name - Surname	
Number and Semester	
Workplace Name and Title	
Department of Study	
Start and End Date	

The performance of our student, who gives Applied Training in your business during his / her working time, will be evaluated with the specified points, taking the following criteria into account. The director's views on this matter will be taken as a basis. Please put the form in a sealed envelope and send it to the relevant instructor in charge.

Criteria	Very Good 5)	Good (4)	Average (3)	Insufficient (2)
Attendance and Punctuality				
Following Instructions				
Business Knowledge and Skills				
Desire to Learn the Subject				
Ability to Understand and Apply What has been taught				
Ability to Take Responsibility				
Using Initiative				
Appearance				
Communication with the Customer				
Communication with Colleagues				
Communication with Supervisors				
Industry Suitability				
Evaluation of the Entire Work				
Total out of 65 points				

Chances of Being Successful in High Level Missions in the Future	HIGH	MEDIUM	LOW	NONE
Would you consider hiring?				

THE MANAGER FILLING THE FORM

Title	
Name - Surname	
Chamber Registration No	
Signature and Stamp	

This part will be filled by the Applied Trainings Subcommittee of the department / program where the student continues his / her education.

Internship General Evaluation Grade (out of 35 points)	
Responsible Instructor Signature	