

T.R.

ESKİŞEHİR TEKNİK UNIVERSITY FACULTY OF ARCHITECTURE AND DESIGN

..... DEPARTMENT

STUDENT'S	
Name-Surname	:
ID Number	:
Department	:

Photo

EVALUATION	SCORE
INSTITUTION/ORGANIZATION EVALUATION ^{a, b} (1-5 SCORE)	
EVALUATION OF THE INTERNSHIP EVALUATION COMMISSION OF THE DEPARTMENT (1-5 SCORE)	

^a Very Good (5), Good (4), Satisfactory (3), Poor (2) and Very Poor (1) ^b Evaluate the institution/organization in which the student completed his/her internship and the Programme Internship Coordinator, the results of the internship evaluation report is successful if it is above or equal to 3 (each one) out of 5.

<input type="checkbox"/> SUCCESSFUL	<input type="checkbox"/> UNSUCCESSFUL
If UNSUCCESSFUL, the reason is	
.....	

EVALUATION DATE /..... /.....

DEPARTMENT INTERNSHIP COMMISSION Chairman:			
Name-Surname :		Title	
:		Signature :	
.....			
Member:		Member:	
Name-Surname	:	Name-Surname	:
Title	:	Title	:
Signature	:	Signature	:

NOTE: This form will be filled by the Internship Commission of the Department