

**OMER HALISDEMIR UNIVERSITY**

**SCIENCE AND ART FACULTY**

**BIOTECHNOLOGY DEPARTMENT**

**WORKPLACE CORPORATE STUDENT INTERNSHİP OPİNİON FORM**

PHOTO

**Student**

Name and Surname : …………………………….        Department/Class : Biotechnology/ …

Number : …………………………….

 **INTERNSHIP WORKPLACE**

Name: …………………………………. …            Adsress: ……………………………………………..

Phone/Fax : …………………………………………………………………………..

E-mail                                 : …………………………………………………………………………..

Website                         : …………………………………………………………………………..

Unit of Internship : ………………………       Duration of Internship : …/.../20.. - …/…/20..

 Dear Workplace / Institution Internship Responsible,

In order to determine the degree of utilization of the student, who completed the internship process within the scope of Omer Halisdemir University Science and Art Faculty Education-Training Plan, carefully fill out the table below. This form will be evaluated by faculty members of Omer Halisdemir University Science and Art Faculty, Department of Biotechnology; weaknesses and imperfections of the student will be developed.

|  |  |  |
| --- | --- | --- |
| FEATURES | EVALUATION |  |
|  | SUFFICIENT / INSUFFICIENT | ABSENTEEİSM |
| Interest in work |  |  |
| Description of the job |  |  |
| Knowledge level |  |  |
| Ability to use technological equipment |  |  |
| Communication skill |  |  |
| Creativity |  |  |
| Analytical thinking |  |  |
| Being prone to team work |  |  |
| Perception power13/5000Detection powerDetection power |  |  |
| A sense of responsibility |  |  |
| Operation speed |  |  |
| Ability to use the material properly and adequately |  |  |
| Time management |  |  |
| Problem solving ability |  |  |
| Take initiative |  |  |
| Obey the rules |  |  |
| General evaluation |  |  |

INTERNSHIP AUTHORITY OF THE WORKPLACE

Name and Surname : ……………………………………………

Title : …………………………………………….

Date/ Signature/stamp …/…/20… - ……………………………… (Document without stamp or seal is invalid.)

**ANNEX-5:** Günlük Staj Raporu Sayfası

**DEPARTMENT THAT THE STUDENT WORKS:……………………….……………………………………………..**

**DATE: …../…../…….**



**RESPONSIBLE FOR THE CONTROL UNIT :………………………………………………………………………**

**SIGNATURE, STAMP / SEAL :………………………………………………………………………**