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| C:\Users\Merty\AppData\Local\Microsoft\Windows\INetCache\Content.Word\omerhalisdemiruniversitesipngen.png | **REPUBLIC OF TURKEY**  **NIGDE OMER HALISDEMIR UNIVERSITY**  **NIGDE VOCATIONAL SCHOOL OF SOCIAL SCIENCES**  **DEPARTMENT OF …....…………………..**  **Internship Evaluation Form** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name, Surname |  | | | PHOTOGRAPH |
| Department |  | | |
| Student ID Number |  | | |
| Program | Daytime Evening | | |
| Institution Name |  | | |
| Internship Start Date |  | | | |
| Internship End Date |  | | | |
| Number of Working Days |  | | | |
| Number of days not worked |  | | | |
| Internship Cycle | 1st cycle 2nd cycle | | | |
|  | CONSIDERATIONS | | Grade | |
| Attendance |  | |  | |
| Determination to work |  | |  | |
| Attitude towards the manager |  | |  | |
| Attitude towards the co-workers |  | |  | |
| **Grades:** A(Excellent) B(Good) C(Fair) D(Below Average) E(Insufficient) | | | | |
| **APPROVAL** | | | | |
| The name, surname, signature and seal of the workplace's manager who controls the work | | Result and Approval  (This part will be filled in by the departmental internship commission.) | | |
|  | |  | | |

**NOTE:** The Internship Evaluation Form will be filled in 2 (two) copies after the internship of the student is over. The second copy will be delivered to the trainee in a sealed envelope to be given to the Departmental Internship Commission.