**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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | SUCCESSFUL |  |  | UNSUCCESSFUL |
|  |  |
| If UNSUCCESSFULL, the reason is ….........……………………………………………………………………  ………………………………………………………………………………………………………………………………... | | | | | |

EVALUATION DATE …… /….. /…..

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| --- | --- |
|  | **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 Intership Commission of the Department