**T.R.**

####  ESKİŞEHİR TEKNİK UNIVERSITY FACULTY OF ARCHITECTURE AND DESIGN

**……………………… DEPARTMENT**

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| **STUDENT’S**  |
| Name‒Surname : ……………………………………………….………………. |
| ID Number : ……………………………………………….………………. |
| Department : ……………………………………………….……………….  |

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|  Photo |

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| 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.

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|  |  | 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