

BAHÇEŞEHİR UNIVERSITY
FACULTY OF ENGINEERING AND NATURAL SCIENCES
MECHATRONICS ENGINEERING DEPARTMENT
INTERNSHIP EVALUATION FORM

Internee Student Information

Name-Surname						Photo		
TR Foreigner ID								
Student No.								
E-Mail	@stu.bahcesehir.edu.tr							
Telephone								
Course Code								
Year			2		3		4	

Internship Company / Institution Information

Name			
Address			
Internee's	Start Date	End Date	Total No. of Working Days
			business days

Internship Work Plan

Department / Division	Duration	Description of the Work Done

Evaluation	Grade (*)	Remarks
Attendance		
Effort and Discipline		
Skill and Performance		
Attitude (towards supervisors)		
Attitude (towards peers)		

* 5 (Excellent), 4 (Good), 3 (Acceptable), 2 (Unsatisfactory)

Internee's Supervisor (Title, Name-Surname)	Date / Stamp / Signature

Note: Dear Supervisor, please fill this form using any pdf reader, print, and sign it then seal with company stamp.