**Student**

|  |  |
| --- | --- |
| Name Surname |  |
| Student ID |  | Academic Year |  |
| Department |  |

**Organization/Company**

|  |  |
| --- | --- |
| Name |  |
| Department |  |
| Internship Start Date | …. ./.…. /……… | End Date | ….. /.…. /……… |

Please evaluate the performance of the student who has completed his/her summer practice in your company or organization according to the following criteria.

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | **Very good** | **Satisfactory** | **Poor** |
| Attendance |   |   |   |
| Obeying the rules |   |   |   |
| Work knowledge and ability |   |   |   |
| Willingness to learn |   |   |   |
| Responsibility |   |   |   |
| Using own initiatives |   |   |   |
| Communication with friends |   |   |   |

|  |  |
| --- | --- |
| **General Evaluation** |  |
| Your opinion about student's future success in his/her carrier |  |
| Would you accept this student for practice in your company again? |  |

**Employer or Authorized Personal of the Organization/Company**

|  |  |
| --- | --- |
| Name Surname |  |
| Phone  |  | Signature / Stamp |  |
| E-mail |  |
| Date  |  |

**Note:** Put (X) into related boxes. After the completion of the practice this form needs to be filled by the company or organization and please also send the form to the following address in a stamped envelope.

 **ACCEPTED NOT ACCEPTED**

 **Explanations :**…………………………………………………………………………………......................................

 …………………………………………………………………………………………………………………………….

 **Head of Member of Member of**

 **Internship Commission Internship Commission Internship Commission**

SignatureSignatureSignature