



Industrial Engineering Program INTERNSHIP EVALUATION FORM

Picture

Student No :

Name and Lastname:

Company/Organization Information:		
Address:		
Internship Start Date	Internship End Date	Total Work Days

Department	Assignments	Duration

Evaluation	Grade (*)	Note
Student's performance during internship	<input type="checkbox"/> Perfect	
	<input type="checkbox"/> Good	
	<input type="checkbox"/> Weak	
	<input type="checkbox"/> Bad	

(*) Please select only one box.

Manager who approves the internship and internship report. (**)	
I certify that the statements made by me are true, complete, and correct to the best of my knowledge and belief. I also approve the internship report prepared by the intern.	
Title, Name-Lastname, Signature	Date: : / /

(**) Please fill this form and give it in a closed envelope to the intern.