## **Computer Engineering Program INTERNSHIP EVALUATION FORM**

Student No :					Picture	
Name and Lastname:					1 1010110	
Name and Dastraine.						
Company/Organization Information: Address:						
Internship Start Date	Interns	ship End l	Date	Total Work Days		
Department		Assignments		Duration		
Evaluation	Grade (*)		Note			
		rfect				
Student's performance	Good					
during internship		eak				
(*) 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.						
TA THE TENENT OF						
Title, Name-Lastname, Signature				Date: : / /		

## Address:

İstanbul Okan Üniversitesi, Mühendislik ve Doğa Bilimleri Fakültesi Tuzla Kampüsü, 34959 Tuzla / İstanbul Tel: (0216) 6771630, Fax: (0216) 6771486

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

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