**INTERNSHIP RATING FORM**

#### Photo

**Department** :

**Student No** :

**Name Surname :**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Staj Yapılacak Kuruma İlişkin Bilgiler** | | | | |
| Name of the Firm  Adress of the Firm  Name and Surname of the Authorized Architect | | :  :  : | | |
| Phone | : | | Web adress | : |
| Fax | : | | E-mail adress | : |
| Working Area of the Firm: | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Information about the Study during Internship** | | | | |
| Internship Starting Date: | Internship Ending Date tarihi: | | | Total Working Days: |
|  |  | | |  |
| Department of the Intern | Definition of the Work | | |  |
|  |  | | |  |
| **Rating** | | **Grade (out of ten)** | **Explanation** | |
| Adaptation of the Working Time | |  |  | |
| Working Discipline | |  |  | |
| Adaptation tıo the Team Work | |  |  | |
| Knowledge Level | |  |  | |
| Working Speed | |  |  | |
| Problem Solving Skills | |  |  | |
| Communication Skills | |  |  | |
| Job skills | |  |  | |

|  |  |  |
| --- | --- | --- |
| Approval(\*) | | |
| Name and Surname of the Authorized Architect | Stamp | Date |

(\*) Stajı onaylayacak kurum yetkili amirinin dikkatine/ To those who will aprrove this form:

1. Total working days of the intern cannot be less than 20 working days..
2. This form will be filled by authorized architect of the firm and put in a closed envelope.