**INTERNSHIP RATING FORM**

#### Photo

**Department** :

**Student No** :

**Name Surname :**

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| --- |
| **Staj Yapılacak Kuruma İlişkin Bilgiler** |
| Name of the FirmAdress of the FirmName 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  |  |  |

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| 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.