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| **Açıklama: C:\Users\umut.azak\Dropbox\KARAKUTU\LOGO\Okan-logo.png** | **FACULTY OF BUSINESS AND ADMINISTRATIVE SCIENCES****COMPULSORY INTERSHIP PROGRAMME****INSTITUTIONAL EVALUATION FORM** |

|  |  |
| --- | --- |
| Student’s Name-Surname: |  |
| Internship Organization/Corporation: |  |
| Internship Address: |  |
| Internship Dates: | From \_\_\_/\_\_\_/\_\_\_\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_\_\_\_ |

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| **EVALUATION QUESTIONS** |
| **1.** | Compliance with working hours  | □ totally □ partially □ never |
| **2.** | Compliance with the working environment | □ appropriate □ not appropriate |
| **3.** | Enthusiasm for work | □ very enthusiastic □ enthusiastic □ reluctant |
| **4.** | Ability to accomplish work  | □ very skilled □ skilled □ unskilled |
| **5.** | Ability for team work | □ worked as a part of the team □ tried to work in the team □ not suitable for team work  |
| **6.** | Computer skills |
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| **7.** | Positive remarks and observations about the student |
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|
| **8.** | Negative remarks and observations about the student |
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|
| **9.** | Work performance in general   | □ very good □ good □ average □ bad |
| **10.** | Additional Comments |
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| **Authorized Person** |  |
| **Phone** |  |
| **E-mail** |  |
| **Date / Signature** |  **\_\_\_/\_\_\_/\_\_\_\_\_** |