

T.C.
TOROS UNIVERSITY
FACULTY OF ECONOMICS, ADMINISTRATIVE AND SOCIAL SCIENCES
..... DEPARTMENT

INTERNSHIP COMPANY/ORGANIZATION'S EVALUATION FORM
FOR THE INTERN STUDENT

Dear Authorized Person,

In order to evaluate the student's internship at your organization, we kindly request that you fill out this form and send it **in a sealed envelope** to the Department Internship Commission. We thank you for providing our student with the opportunity to complete an internship at your organization in accordance with our internship principles and for contributing to our education program.

Kind regards,
Head of Department Internship Committee

STUDENT INFORMATION

Name and Surname		T.C. ID Number	
Student No		Academic Year	
Department		Class	

INTERNSHIP INFORMATION (To be filled in by the authorized person of the company where the internship is done)

Internship Topics		Internship Start Date	
		Internship End Date	
		Number of Internship Days Business Day

COMPANY/ORGANIZATION INFORMATION

Name		Telephone	
Address		e -mail address	
		Web address	

INTERNSHIP EVALUATION (To be filled in by the authorized person of the company where the internship is done)

No.	Evaluation Criteria (*)	Very good	Good	Adequate	Inadequate
1	Compliance with the Rules				
2	Work Discipline				
3	Dedicated Work				
4	Tendency to Teamwork				
5	Continuity Status				
6	Communication Skills				

APPROVAL OF COMPANY/ORGANIZATION AUTHORITY (To be filled in by the authorized person of the company where the internship is done)

Name Surname	Position / Title	Signature/Stamp/Seal

* Very Good is 5 points, Good is 4 points, Adequate is 3 points and Inadequate is 2 points.

*Note: After filling out this form, it can be sent to our Department **in a sealed envelope** by post or by hand via the intern student.*