**DEPARTMENT OF ASTRONAUTICAL ENGINEERING**

**INTERNSHIP COMMISSION EVALUATION FORM**

|  |  |
| --- | --- |
| T.C. Identification Number | : |
| Name Surname | : |
| Student Number | : |
| Internship Type | : |
| Internship Start Date | : |
| Internship End Date | : |
| Total Number of Working Days | : |

**Department Internship Commission Evaluation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Too Poor (1) | Poor (2) | Normal (3) | | Good (4) | Very Good (5) |
| 1. Internship Report |  |  |  | |  |  |
| 1. Oral presentation |  |  |  | |  |  |
| Institution/Company Evaluation Note (a+b)/2=  Note: In order for the student to be considered successful, the Departmental Internship Commission Evaluation Grade Point Average must be at least 3 or higher. | | | | | | |
| Evaluation  Results | ACCEPT | | : |  | | |
| REJECT | | : |  | | |
| **JUSTIFICATION (To be filled in case of Partially Accepted or Unsuccessful):** | | | | | | |
| INTERNSHIP EVALUATION  HEAD OF THE COMMISSION  …../…../20….  APPROVAL | | INTERNSHIP EVALUATION  MEMBER OF THE COMMISSION  …../…../20….  APPROVAL | | | INTERNSHIP EVALUATION  MEMBER OF THE COMMISSION  …../…../20….  APPROVAL | |