**DEPARTMENT OF ASTRONAUTICAL ENGINEERING**

**INSTITUTION / COMPANY INTERNSHIP EVALUATION FORM**

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

**Institution/Company Evaluation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Poor (1) | Poor (2) | Normal (3) | Good (4) | Very Good(5) |
| 1. Working Discipline and Effort
 |  |  |  |  |  |
| 1. Doing the Work on Time and Completely
 |  |  |  |  |  |
| 1. Compliance with Workplace Rules
 |  |  |  |  |  |
| 1. Professional Knowledge and Competence
 |  |  |  |  |  |
| 1. Professional Skill
 |  |  |  |  |  |
| Institution/Company Evaluation Grade Point Average (a+b+c+d+e)/5= Note: In order for the student to be considered successful, the Institution/Company Evaluation Grade Point Average must be at least 3 or higher. |
| General Considerations: |
| Institution/Company Name: | : |
| Name and Surname of Institution/Company Official | : |
| Title of Institution/Company Official | : |
| Date, Institution/Company Cache and Signature | : |