



BAŞKENT UNIVERSITY
FACULTY OF FINE ARTS, DESIGN AND ARCHITECTURE
DEPARTMENT OF
INTERNSHIP EVALUATION FORM

TYPE OF INTERNSHIP	<input type="checkbox"/> CODE: INTERNSHIP I	INTERNSHIP START DATE	
	<input type="checkbox"/> CODE: INTERNSHIP II	INTERNSHIP FINISH DATE	

STUDENT:

UNI. NO				(PHOTO)
NAME		SURNAME		
ADDRESS				
GSM PHONE		E-MAIL		

THE HOST FIRM/INSTUTION:

NAME			
ADDRESS			
PHONE		E-MAIL	
FAX		WEB	

CONTENT AND SCOPE OF THE STUDENT'S TASK

EMPLOYER EVALUATION OF INTERN'S PERFORMANCE

(Evaluate the student's performance over 10 in the following items.)[1 = Poor; 10 = Excellent]

	1	2	3	4	5	6	7	8	9	10
CONVENIENT DRESSING TO THE CONDITIONS OF FIRM AND TO THE TASK REQUIRED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTENDANCE TO THE WORK AND PUNCTUALITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION LEVEL WITH THE SUPERVISOR AND HIS/HER CO-WORKERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENTHUSIASM TO THE WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO TAKE RESPONSIBILTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPLETING THE TASKS AND INSTRUCTIONS GIVEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONFORMING TO THE RULES OF WORKPLACE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEVEL OF BEING OPEN TO CRITICISM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BEING READY TO LEARN AND TO TRY NEW THINGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERN'S CONTRIBUTION TO THE FIRM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL GRADE/100									

To Başkent University Faculty of Fine Arts, Design and Architecture, Department of Architecture

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By signing this form I confirm that the intern named, with university student number, completed the required hours as stipulated in the Internship Policy between dates/.....under my supervision. Evaluation of the intern is written above.

Kindly submitted to your information,

NAME-SURNAME	SIGNATURE	FIRM/INSTITUTION STAMP