MEDİPOL UNV-ANKARA
ANKARA MEDİPOL ÜNİVERSİTESİ

INTERNSHIP COMMISSION EVALUATION FORM

Student Information:

Full Name :

Program / Department :

Class / Student ID :

Assigned Department :

Start / End Dates :

Number of Internship Days:

Evaluation Criteria	**Satisfactory**	**Unsatisfactory**
Proper completion of the Internship Logbook in accordance with regulations		
Clarity and satisfactory technical depth of Daily Reports		
Student's Evaluation and Feedback on the Host Institution		

Internship Commission:

Full Name, Academic Title	**Signature - Date**
Internship Evaluation Result: **[ ] SUCCESSFUL**	**[ ] UNSUCCESSFUL**