MEDİPOL UNV-ANKARA
ANKARA MEDİPOL ÜNİVERSİTESİ

HOST INSTITUTION'S INTERN EVALUATION FORM

This confidential document must be filled out without disclosing it to the student and returned in a sealed and stamped/initialed envelope.

Student Information:

Full Name :

Department / Class:

Host Institution Information:

Title / Company Name :

Assigned Department :

Internship Start - End :

Number of Unit Employees:

Evaluation Criteria	Excellent	Good	Fair	Poor
1. Professional Knowledge / Technical Competence				
2. Attendance and Punctuality				
3. Compliance with Workplace Rules & Regulations				
4. Interest and Motivation for Work				
5. Learning Ability and Fast Comprehension				
6. Practical Application & Problem-Solving Ability				
7. Communication with Superiors / Supervisors				
8. Communication and Relations with Colleagues				
9. Communication with Customers / Clients				
10. Analytical Thinking Ability				
11. Result-Oriented Working Approach				
12. Patience and Composure 13. Perseverance and Determination				
14. Innovation / Creativity				
15. Aptitude for Teamwork & Collaboration				

Please specify any additional strengths or areas for further development regarding the student:

Evaluating Manager / Supervisor:

Full Name :

Title / Position :

Date / Signature and Stamp :