REPUBLIC OF TÜRKİYE

ANKARA MEDIPOL UNIVERSITY

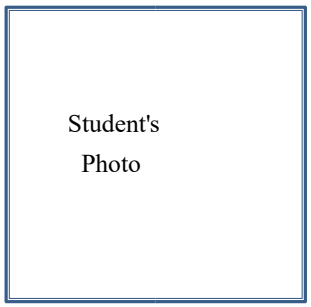
VOCATIONAL SCHOOL

COMPUTER PROGRAMMING PROGRAM

INTERNSHIP LOGBOOK

VOCATIONAL SCHOOL

INTERNSHIP LOGBOOK



Student's Full Name : .....

Department / Program : .....

Class / Year : .....

Student ID Number : .....

Host Institution Title : .....

Address :

.....

Telephone / Fax : .....

E-mail / Web Address : .....

Internship Start Date : .....

Internship End Date : .....

RULES FOR COMPLETING THE INTERNSHIP LOGBOOK

1. A passport-size photograph of the student must be affixed to the first page of the internship logbook andofficially stamped by the Directorate of the Vocational School.

2. All information on the introductory pages of the logbook must be completed clearly, legibly, in blockcapital letters or digitally, without any corrections, scratch-outs, or erasures.

3. Weekly internship reports must be approved, initialed, and stamped/signed by the authorized departmentmanager or supervisor at the host institution.

4. Daily and weekly entries must reflect the authentic professional tasks, technical practices,software/hardware implementations, and problem-solving activities performed by the intern.

5. The completed logbook, along with all requisite evaluation forms in sealed envelopes, must be submittedto the Program Internship Commission within the timeframe specified in the Internship Directive.

WEEKLY INTERNSHIP REPORT (WEEK 1)

One-week work period from ..../..../20.... to ..../..../20....

Date	Day	Tasks and Activities Carried Out	Duration (Hours)
..../..../20....	Monday		
..../..../20....	Tuesday		
..../..../20....	Wednesday		
..../..../20....	Thursday		
..../..../20....	Friday		
..../..../20....	Saturday		
		Total Duration (Hours):	

Student		**Supervisor / Controller**	
Assigned Department :		Full Name, Title:	

Signature :

Signature, Stamp / Seal :

WEEKLY INTERNSHIP REPORT (WEEK 2)

One-week work period from ..../..../20.... to ..../..../20....

Date	Day	Tasks and Activities Carried Out	Duration (Hours)
..../..../20....	Monday		
..../..../20....	Tuesday		
..../..../20....	Wednesday		
..../..../20....	Thursday		
..../..../20....	Friday		
..../..../20....	Saturday		
		Total Duration (Hours):	

Student	**Supervisor / Controller**
Signature :	Signature, Stamp / Seal :

WEEKLY INTERNSHIP REPORT (WEEK 3)

One-week work period from ..../..../20.... to ..../..../20....

Assigned Department :		Full Name, Title:	

Date	Day	Tasks and Activities Carried Out	Duration (Hours)
..../..../20....	Monday		
..../..../20....	Tuesday		
..../..../20....	Wednesday		
..../..../20....	Thursday		
..../..../20....	Friday		
..../..../20....	Saturday		
		Total Duration (Hours):	

Signature : Signature, Stamp / Seal :

WEEKLY INTERNSHIP REPORT (WEEK 4)

One-week work period from ..../..../20.... to ..../..../20....

Student		Supervisor / Controller	
Assigned Department :		Full Name, Title:	

Date	Day	Tasks and Activities Carried Out	Duration (Hours)
..../..../20....	Monday		
..../..../20....	Tuesday		
..../..../20....	Wednesday		
..../..../20....	Thursday		
..../..../20....	Friday		
..../..../20....	Saturday		

Signature : Signature, Stamp / Seal :

WEEKLY INTERNSHIP REPORT (WEEK 5)

One-week work period from ..../..../20.... to ..../..../20....

Total Duration (Hours):	

Student		**Supervisor / Controller**	
Assigned Department :		Full Name, Title:	

Date	**Day**	**Tasks and Activities Carried Out**	**Duration (Hours)**
..../..../20....	Monday		
..../..../20....	Tuesday		
..../..../20....	Wednesday		
..../..../20....	Thursday		
..../..../20....	Friday		

Signature : Signature, Stamp / Seal :

WEEKLY INTERNSHIP REPORT (WEEK 6)

One-week work period from ..../..../20.... to ..../..../20....			
..../..../20....	Saturday		
		Total Duration (Hours):	

Student		**Supervisor / Controller**	
Assigned Department :		Full Name, Title:	

Signature : Signature, Stamp / Seal :