



KADIR HAS UNIVERSITY
FACULTY OF MANAGEMENT INTERNSHIP EVALUATION FORM

This form should be completed by the full-time employee directly responsible for the internship and approved by management. It should then be given to the intern in a sealed envelope.

INTERN'S:

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| Full name: |
| Department & Student ID number: |
| Internship beginning & end dates: |
| Duration of internship (work days): |

EMPLOYER ORGANIZATION:

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| Firm name: |
| Address & phone: |
| Name of employee responsible for the internship: |
| Job title of employee responsible for the internship: |
| E-mail of employee responsible for the internship: |
| Signature of employee responsible for the internship: |

EVALUATION OF THE INTERN'S PERFORMANCE:

| | (5) Very good | (4) Above average | (3) Average | (2) Below average | (1) Poor |
|--|---------------|-------------------|-------------|-------------------|----------|
| Work discipline | | | | | |
| Adaptability to work environment | | | | | |
| Ability to define and solve problems | | | | | |
| Teamwork ability | | | | | |
| Oral and written communication skills | | | | | |
| Professional ethics and responsibility | | | | | |

Anything else you would like to share about the intern's performance:

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MANAGEMENT APPROVAL:

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| Full name: |
| Job title: |
| Date: |
| Stamp and signature: |

UNIVERSITY APPROVAL:

Number of work days approved:

Approved by:

Date and signature:

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