



KADIR HAS UNIVERSITY
BUSINESS ADMINISTRATION DEPARTMENT 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:

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

EMPLOYER ORGANIZATION:

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:

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

UNIVERSITY APPROVAL:

Number of work days approved:

Approved by:

Date and signature:

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