IŞIK UNIVERSITY Department of Computer Engineering Internship Assessment Form



Intern Student: (To be fil	led by the stu	dent)						
Name, last name								
Student ID								
Major	□ Computer Eng. □ Software Eng.							
,	□3910/3920 □4910/4920 □Voluntary							
r		•						
Company: (to be filled by	the company	authorized person)						
Name, address:								
Start date: End date:			Dyran	Duration(number of working days)				
Start date: End date:		Dura	uon(nu	mber of	WOLKII	ig days)		
					_	_	_	
Evaluation of the intern student: Sufficiency of internship report			1	2	3	4	5	
General level of achievement in internship studies								
Willingness to acquire new professional knowledge and self-improvement								
Attendance, effort spent and discipline								
Behavior and communication with supervisors and colleagues								
Ability to apply the gained knowledge							П	
Interest in contemporary problems of profession					П		П	
(*) Scale: (1) Very poor-inadequa	te, (2) Poor, (3) I	Fair (4) Good, (5) Excellent						
Additional comments shout th	as intown (If on							
Additional comments about the intern (If any):								
Title, name, and contact information of the authorized person			Date	Date, stamp, and signature				
2.2.7, 2.2.2.7, and consider moralism of the number person				, F	, - -	, 		

To whom it may concern,

Thank you for your collaboration. As the last step of the student's internship process, we kindly request you to fill out this form and send its photo or scanned version to the <u>isik.bil.muh@gmail.com</u> address.

Best regards,