Ankara Medipol University, Faculty of Pharmacy
Hacı Bayram Ave., Talatpaşa St. No: 2 Altındağ/ANKARA

TO WHOM IT MAY CONCERN,

Ankara Medipol University Faculty of Pharmacy students must do internships (6 months) at pharmacies/ businesses until the end of the education period. First, we would like to thank you for your cooperation and support in allowing our students to do an internship at your pharmacy/ business.

Our student has insurance for only working days, and they must be present in your pharmacy/business within the date range specified in the internship application form. However, our Faculty allows students to take compulsory courses (15 ECTS) along with their internship in the Vocational Education in Business course.* The internship needs to be planned within the framework of the learning objectives given on our website; the student's report on the internship approval form as soon as they complete the internship, needs to be examined and checked for appropriateness. If you approve that the internship is eligible, it is necessary to fill in the relevant sections in the internship approval form and to stamp and sign every page of it. In addition, we kindly request you to send the "Internship Evaluation Form" in an envelope, stamped and signed after being closed, with our student after an objective assessment is made. We would like to thank you in advance for your interest and concern about our students' internship, and wish you success with your business.

* This statement does not include summer internships. Our faculty's academic year consists of the Fall and Spring semesters; and there is **no summer term**. Also, it is not possible for our students to take courses during summer school.

Ankara Medipol University
Faculty of Pharmacy
Internship Commission

T.C. ANKARA MEDİPOL UNIVERSITY
FACULTY OF PHARMACY

INTERNSHIP EVALUATION FORM

To whom it may concern,

We kindly request that you fill in your opinions about the Ankara Medipol University Faculty of Pharmacy student numbered …… who has done an internship in your pharmacy/organization/unit …… by completing the fields below and sending them in a sealed envelope along with the "Internship Approval Form".

Ankara Medipol University
Faculty of Pharmacy
Internship Commission

	1 (Poor)	2 (Fair)	3 (Good)	4 (Very Good)	5 (Excellent)
Attendance					
Compliance with working hours					
Compliance with work rules (Hygiene, clothing, etc.)					
Communication with patient/clients					
Communication with staff					
Interest in perofessional development					
Desire for self-development					
Sense of responsibility					
Professional skills					
Working in line with ınternship learning goals					
General evaluation					

Any other comments that you would like to add:

Name-Surname:
The name of the Pharmacy/Institution/Unit:
Date:
Signature and Stamp: