INTERNSHIP COMMISSION EVALUATION FORM (FORM-7)

Student's

Name Surname :

ID Number :

Internship Department :

Internship Start / End Date :

Evaluation Criteria	
1. Student evaluation score of the institution where the internship was performed (50%)	
2. Internship file evaluation score (50%)	
3. Total score (100%)	
4. Success Status * (Pass / Fail)	

* In this column, if the total score is 60 or above it is written as Successful, and if it is 59 or lower it is written as Unsuccessful.

Internship Commission Chairman / Signature	Internship Commission Member / Signature	Internship Commission Member / Signature