



AKDENİZ UNIVERSITY  
FACULTY OF ARCHITECTURE

## EVALUATION FORM OF THE INTERN STUDENT

This part should be filled out by the Internship Supervisor		
Intern Student's Name & Surname :	Student's Department:	
Class No:	Student ID No:	
Starting Date of the Internship (day / month / year) ..... / ..... / .....	Ending Date of the Internship (day / month / year) ..... / ..... / .....	
Duration of the Internship :..... days.		
Type of Internship (Office / Building Site / Other – Specify):		
The Institution / Firm where the Internship is realized:		
Address of the Institution / Firm:		
Phone:	Fax:	E-Mail:
Information of the Internship Supervisor who controlled and evaluated the work of the Intern Student		
Title / Name & Surname:		
Position & Profession:		
University & Graduation Date:	Signature:	
EVALUATION OF THE INTERN STUDENT		
Evaluations should be made separately for <b>each criteria</b> , by giving <b>grades over 100</b> . Grades which are <b>equal to or more than 75</b> are regarded as <b>SUCCESSFUL</b> , while grades <b>less than 75</b> are regarded as <b>UNSUCCESSFUL</b> .		
1 Attendance to work	..... / 100	
2 Sense of responsibility	..... / 100	
3 Trustworthiness, motivation, entrepreneurship	..... / 100	
4 Capability of implementing professional knowledge & motivation for self-development	..... / 100	
5 Level of attention & order during work	..... / 100	
6 Professional discipline	..... / 100	
7 Behavior towards colleagues and managers	..... / 100	
8 Diligence, capacity and efficiency during work	..... / 100	
9 Capability of giving correct and clear decisions on time	..... / 100	
10 Capability for adaptation to new ideas, knowledge & technologies	..... / 100	
<b>TOTAL GRADE (Arithmetic mean value of the above-mentioned grades: Sum / 10)</b>	<b>..... / 100</b>	
Additional comments concerning the performance of the intern (if necessary, separate report may be attached)		
NAME & SURNAME of the INTERNSHIP SUPERVISOR DATE SIGNATURE & OFFICIAL STAMP OF THE INSTITUTION / FIRM		
This part should be filled out by the related Department of the Akdeniz University Faculty of Architecture		
The Final Decision of the Internship Committee regarding the Student's Work	SUCCESSFUL <input type="checkbox"/> UNSUCCESSFUL <input type="checkbox"/>	
The duration & dates of the internship as accepted by the Department:		

Approval of the Head of the Internship Committee  
Title, Name-Surname, Date, Signature

Approval of the Department Chair  
Stamp, Date, Signature