



## FACULTY SUMMER TRAINING EVALUATION FORM

Name and Student id <i>Adı Soyadı ve öğrenci no</i>	
Dept. – Course Code <i>Bölümü – Ders kodu</i>	

Total of the grades given by the placement institution supervisor : \_\_\_\_\_

Average of the grades given by the department evaluator: \_\_\_\_\_

Final Assessment:

**Satisfactory**

**Revision Required**

**Failed**

If revision is required, necessary changes must be stated on the report and forwarded to FEASS Summer Training Coordinator before 12 October 2017. Due date for resubmission is 20 November 2017.

Name, signature and date: \_\_\_\_\_



Evaluation of the internship	5 Excellent	4 Good	3 Acceptable	2 Poor	1 Very Poor	NA
Able to apply knowledge and skills learned in school to real-world problems						
Able to see the application of the theories learned						
Able to function in a team work						
Aware of professional and ethical issues in the work environment						
Able to see organizational culture						
Able to learn new concepts						
Able to fit in the organization						
Able to contribute to the organization						

Evaluation of the report	
Able to prepare report with high standards in term of content, organization, style and language	

Additional comments:

1. Summarize areas of strength and outstanding skills of the student's internship:

2. Summarize areas that could be improved