**DEPARTMENT OF ASTRONAUTICAL ENGINEERING**

**INTERNSHIP COMMISSION EVALUATION FORM**

|  |  |
| --- | --- |
| T.C. Identification Number | : |
| Name Surname | : |
| Student Number | : |
| Internship Type | : |
| Internship Start Date | : |
| Internship End Date | : |
| Total Number of Working Days | : |

**Department Internship Commission Evaluation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Too Poor (1) | Poor (2) | Normal (3) | Good (4) | Very Good (5) |
| 1. Internship Report
 |  |  |  |  |  |
| 1. Oral presentation
 |  |  |  |  |  |
| Institution/Company Evaluation Note (a+b)/2= Note: In order for the student to be considered successful, the Departmental Internship Commission Evaluation Grade Point Average must be at least 3 or higher. |
| EvaluationResults | ACCEPT | : |  |
| REJECT | : |  |
| **JUSTIFICATION (To be filled in case of Partially Accepted or Unsuccessful):** |
| INTERNSHIP EVALUATIONHEAD OF THE COMMISSION…../…../20….APPROVAL | INTERNSHIP EVALUATIONMEMBER OF THE COMMISSION…../…../20….APPROVAL | INTERNSHIP EVALUATIONMEMBER OF THE COMMISSION…../…../20….APPROVAL |