T.R. ÜSKÜDAR UNIVERSITY



FACULTY OF ENGINEERING AND NATURAL SCIENCES

INTERNSHIP NOTEBOOK



FACULTY OF ENGINEERING AND NATURAL SCIENCES

Name-Surname	:
Department	;
Class	:
ID Number	:
Company/Organization Name and Address	
for Summer Practice	<u>:</u>
Department name for practicing	;
Course ID (SE282/SE382)	:
Start Date	:
Finish Date	:

THE RULES FOR FILLING INTERNSHIP NOTEBOOK

- 1. The Internship Booklet contains the daily reports of the internship, the "Form for Evaluation of Internship Placement for the Learners" (Form 1), the General Report about the Institution (Form 2), the Form for Assessment of Student Internship for the Internship Coordinator (Form 3) and Institutional Student Assessment Form "(Form 4).
- **2.** Daily reports, weekly schedules on each page The department / unit / department / unit where the internship is done is approved and shatted by the relevant manager.
- **3.** After completing the internship of the students, please fill in the form of "Student's Internship Assessment Form (Form 1)" and "Student's General Report (Form 2)" together with the student's information at the top of the last page the history of the institution they are trained with, the management and organization, the subjects of activity and affiliated enterprises.
- **4.** The "Institutional Student Assessment Form (F4)", signed by the authorized person in the institution and filled out with the corporation stamp, should be brought in the sealed envelope together with the notebook when the internship books are being delivered. The envelope must be re-signed and stamped from where it was closed.
- 5. Students are required to take the insurance admission notice from the Career Center close to the start date of the internship and submit a copy to the institution where they have done the internship and a copy to the internship coordinator during the book delivery
- **6.** The internship book and related evaluation forms are delivered to the internship coordinator completely and regularly by the students who have completed the internship within the time specified in the internship direction.

	Summary of	of the Internship From	Until		
Date	Day	Topics in	n practice	Pag e	Total Worked
//	Monday				
	Tuesday				
//	Wednesd				
	Thursday				
//	Friday				
//	Saturday				
Student's s	ian:		Total Worked h	our	
Department :					
Controller's N	lame :			Signat	ure :

Date	Day	Topics in practice	Pag e	Total Worked
//	Monday			
	Tuesday			
	Wednesd av			
//	Thursday			
	Friday			
//	Saturday			
tudent's si	ian:	Total Wor	rked hour	

// Wednesd av/ Thursday/ Friday	Date	Day	Topics	in practice		Pag e	Total Worked
// Wednesd av// Thursday// Friday	// M	onday					
// Thursday// Friday	// Tu	esday					
// Friday							
	Th	ursday					
// Saturday		Friday					
	// Sa	aturday					
Student's sign: Total Worked hour	tudent's sian :.			Total	Worked ho	ur	

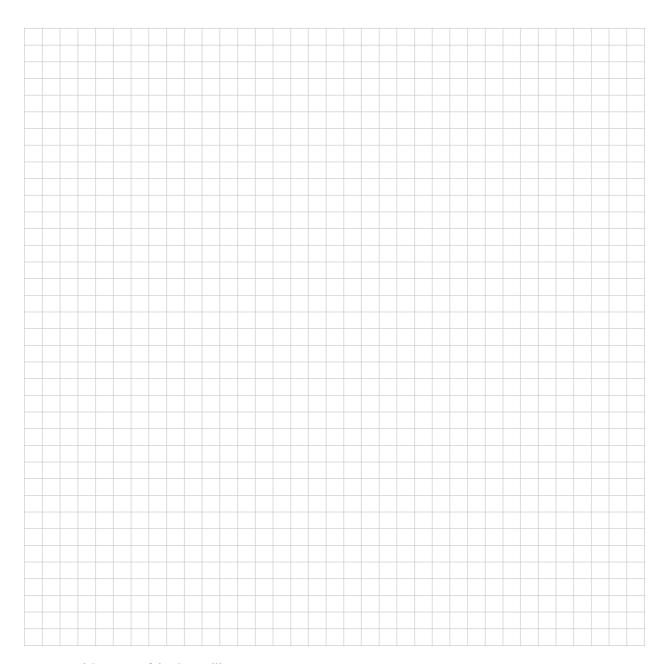
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	Monday			
//	Tuesday			
	Wednesd av			
//	Thursday			
	Friday			
//	Saturday			
tudent's s	ian:	Total Wo	rked hour	

Date	Day	of the Internship From Topics in	n practice	Pag e	Total Worked
//	Monday				
	Tuesday				
//	Wednesd				
	Thursday				
//	Friday				
	Saturday				
Student's s	ian:		Total Worked	hour	
Department					
Controller's	Name :			Signa	ture :

Date	Day	Topics in practice	Pag e	Total Worked
	Monday			
	Tuesday			
	Wednesd			
//	Thursday			
	Friday			
//	Saturday			
tudent's s	ian:	Total Wor	rked hour	

DAILY REPORT

Department where internship is made:	Date:
Type of Work:	Page No:

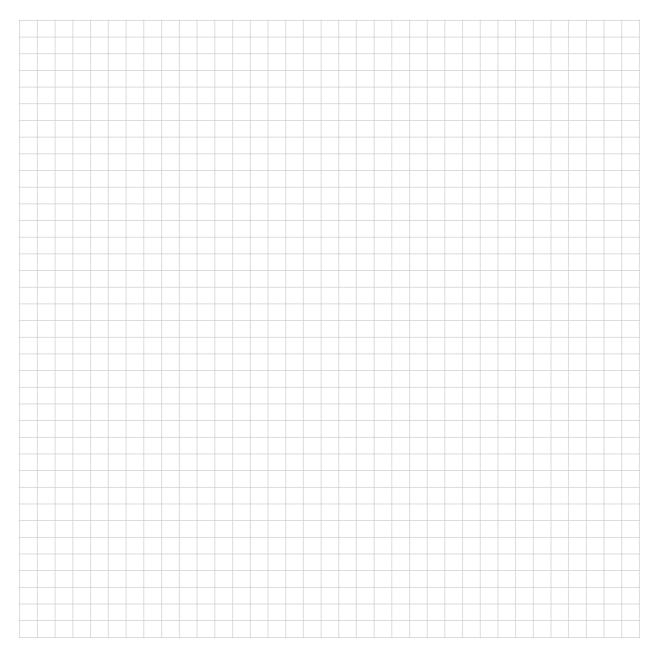


Name and Surname of the Controlling Manager :

Title

DAILY REPORT

Department where internship is made:	Date:
Type of Work:	Page No:

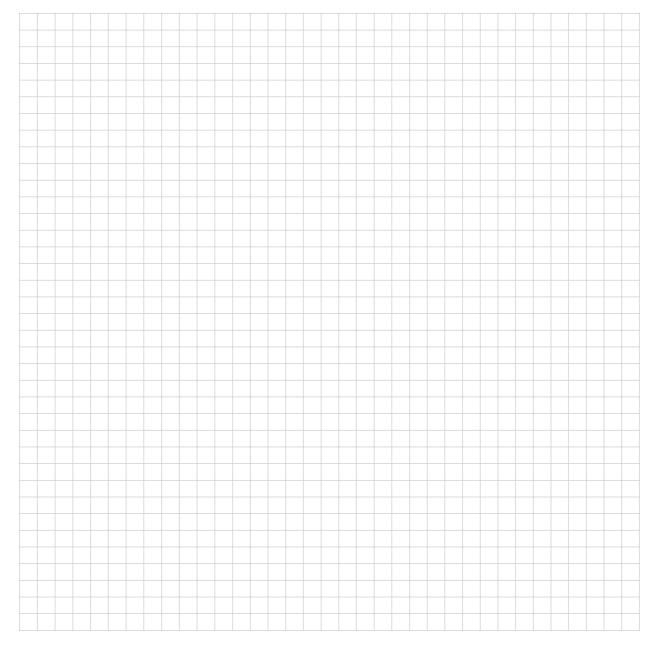


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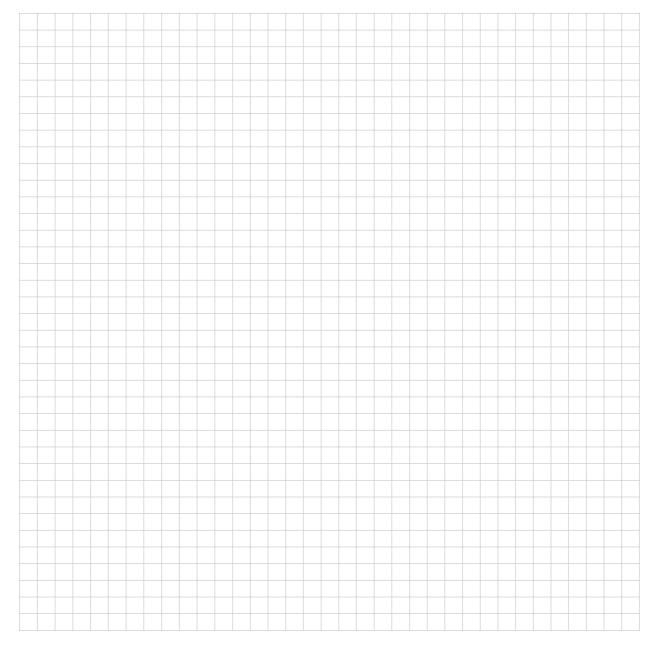


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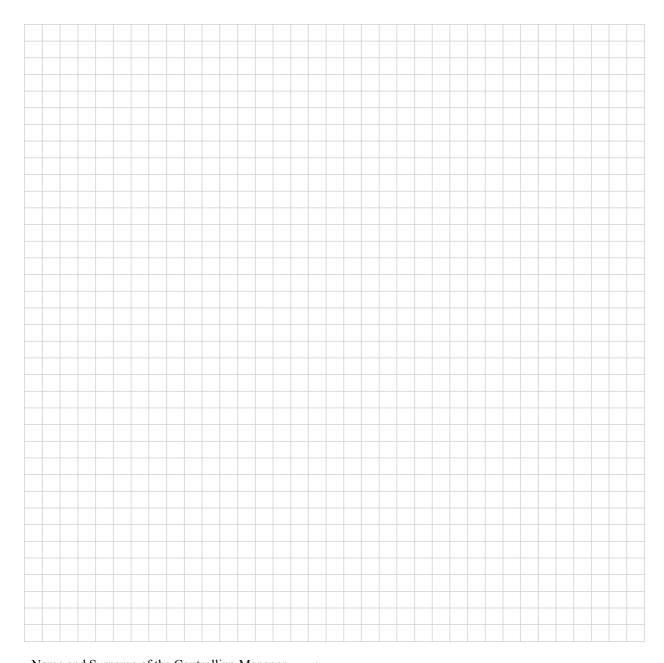


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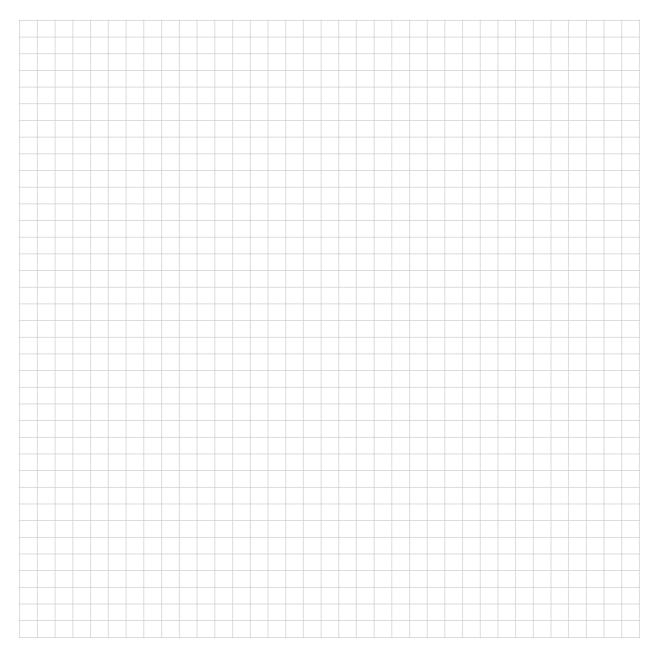


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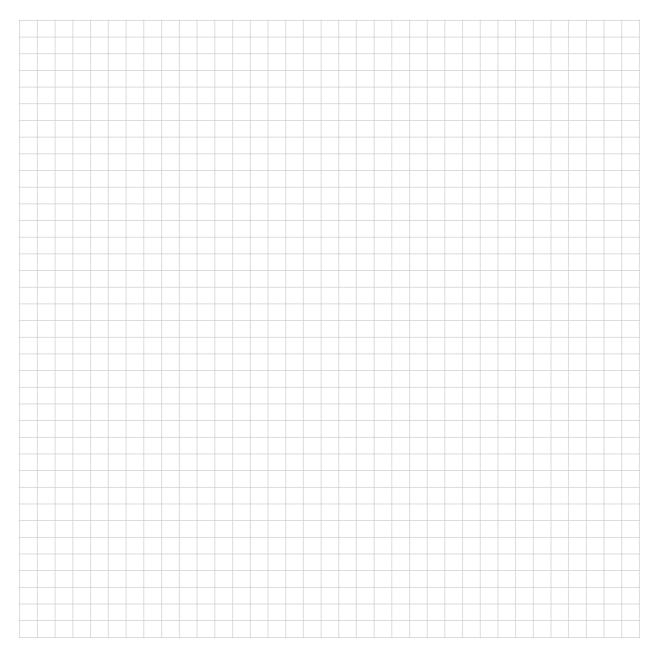


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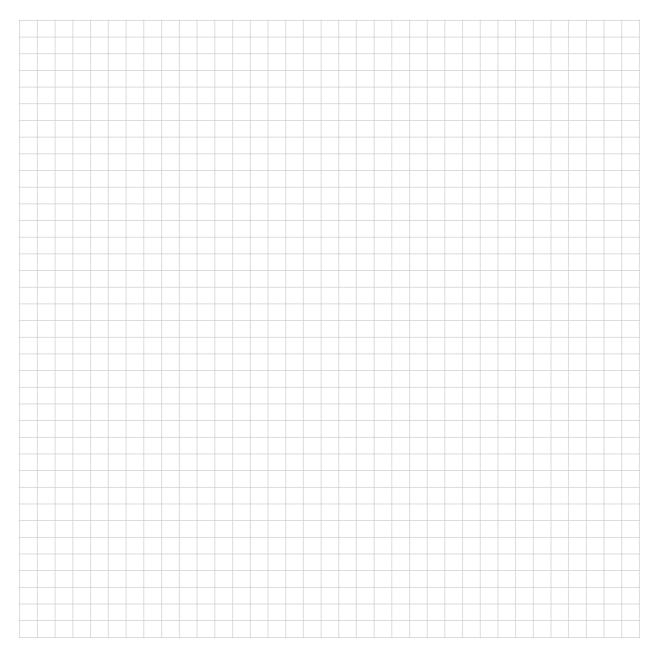


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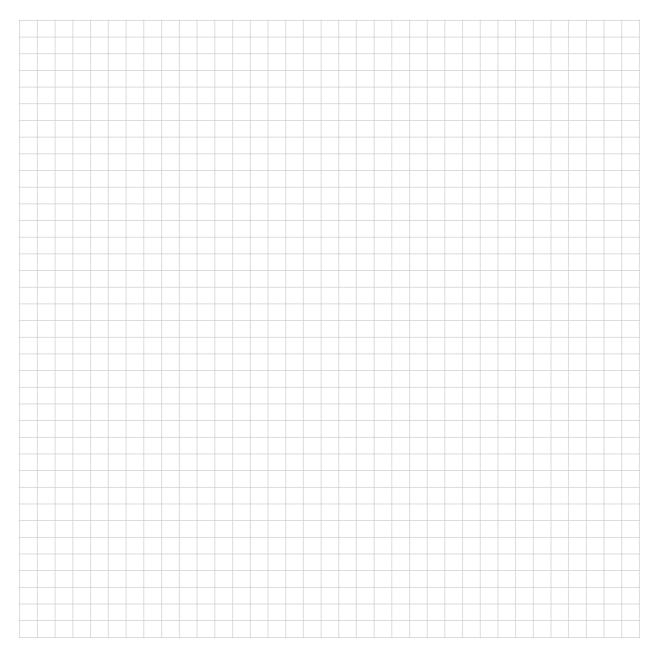


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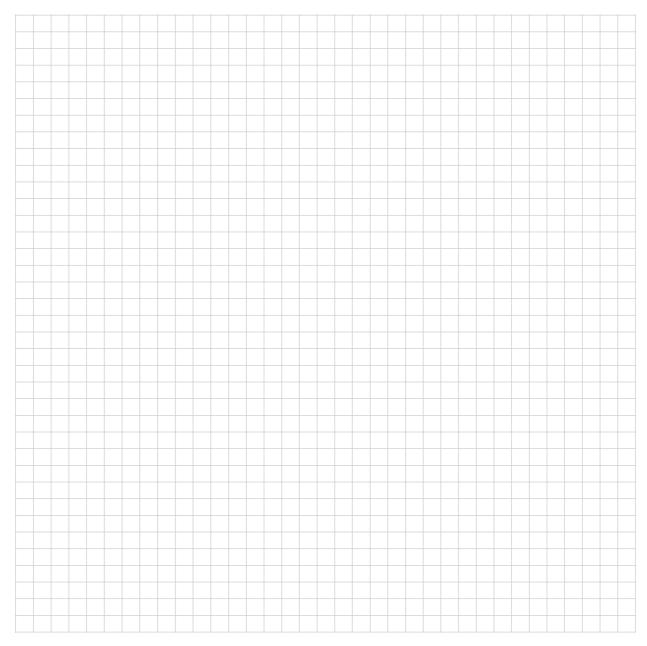


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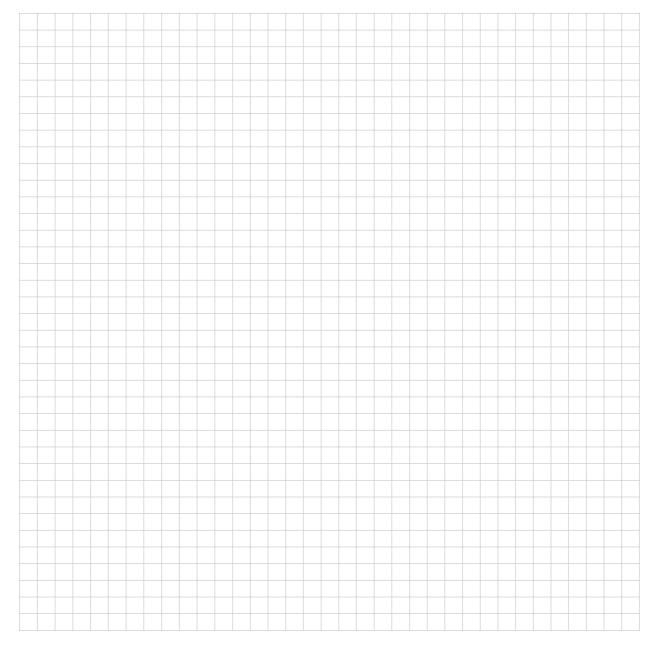


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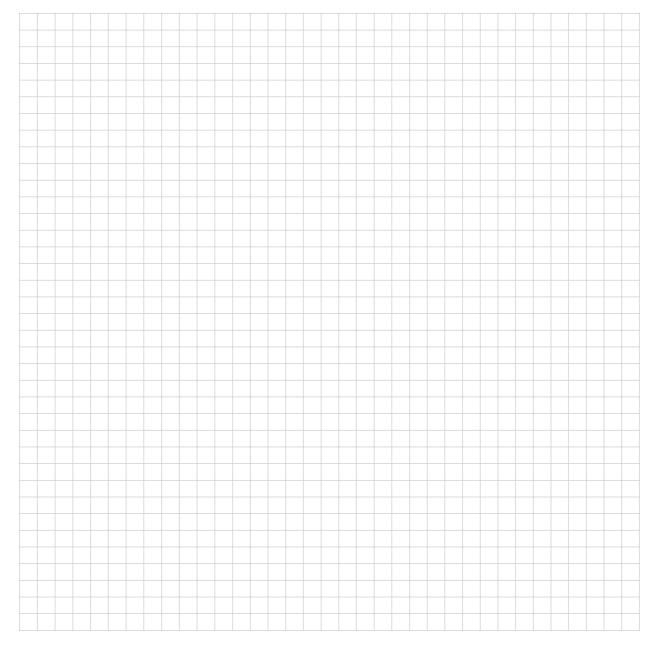


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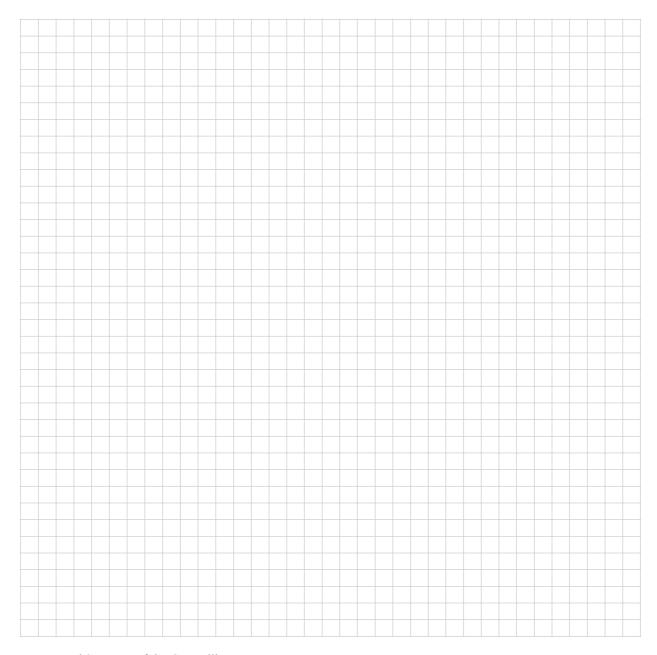


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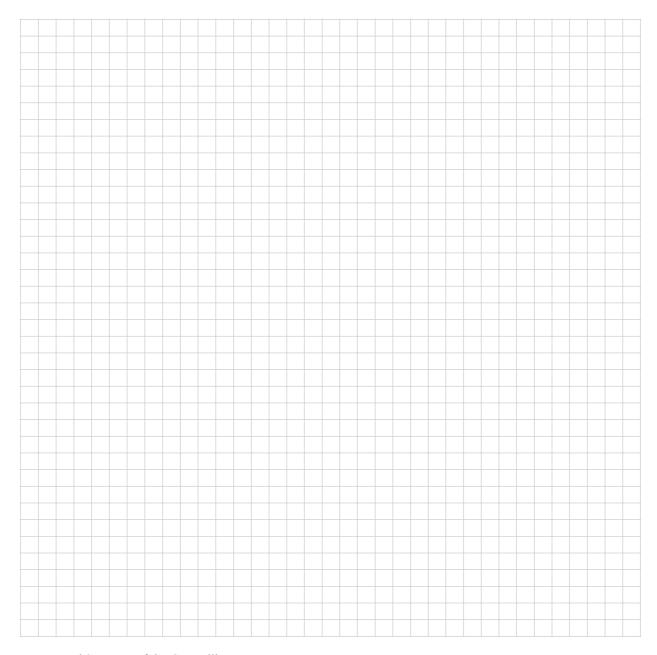


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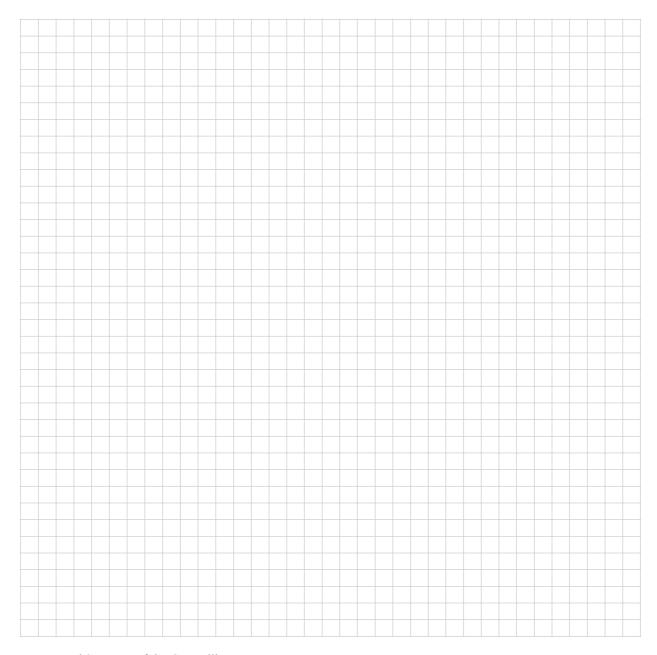


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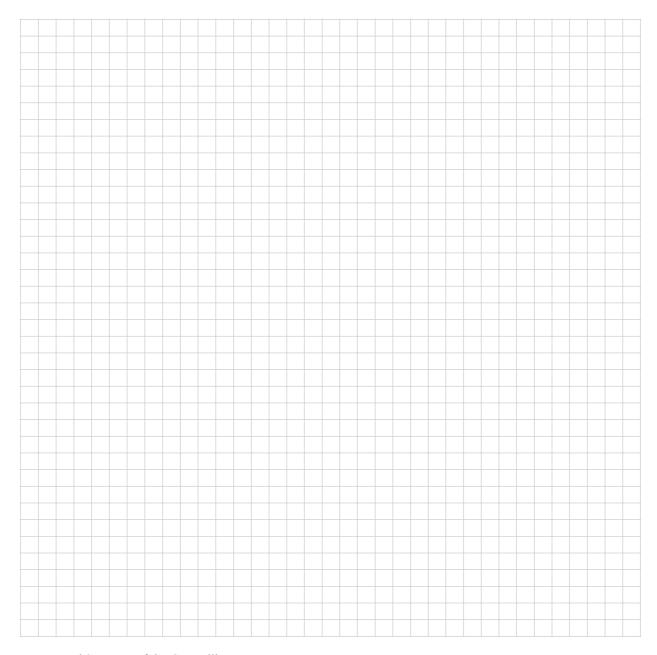


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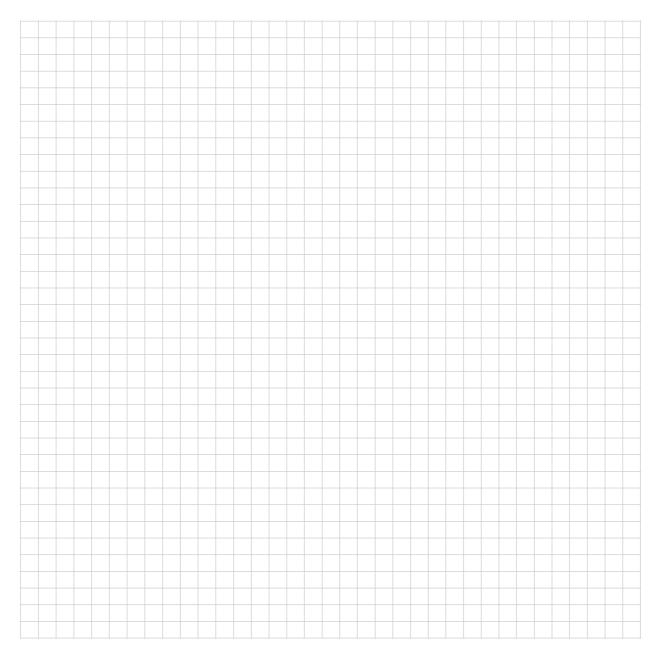


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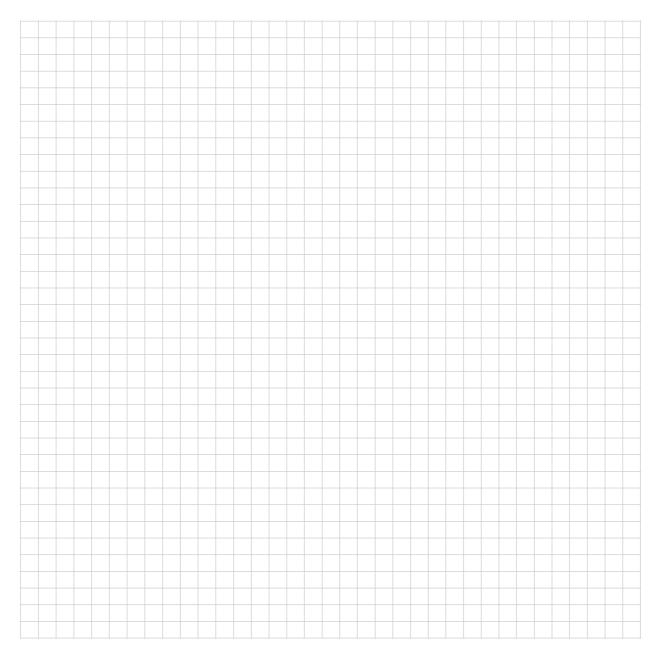


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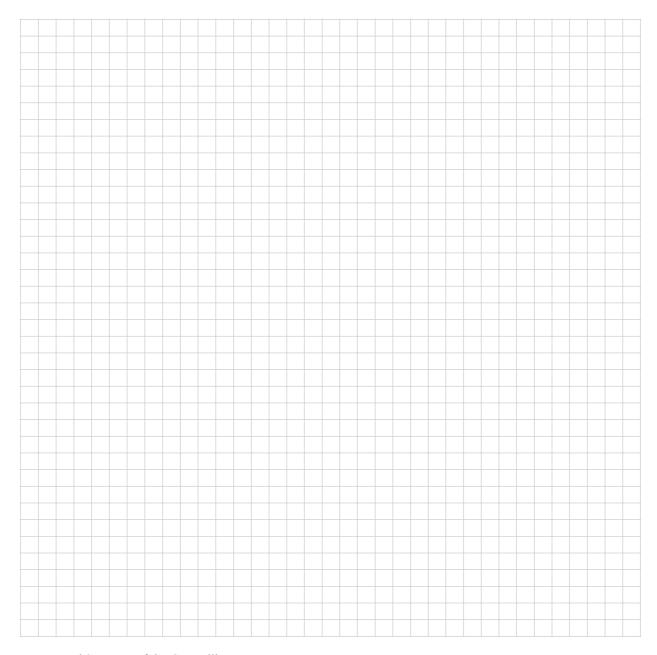


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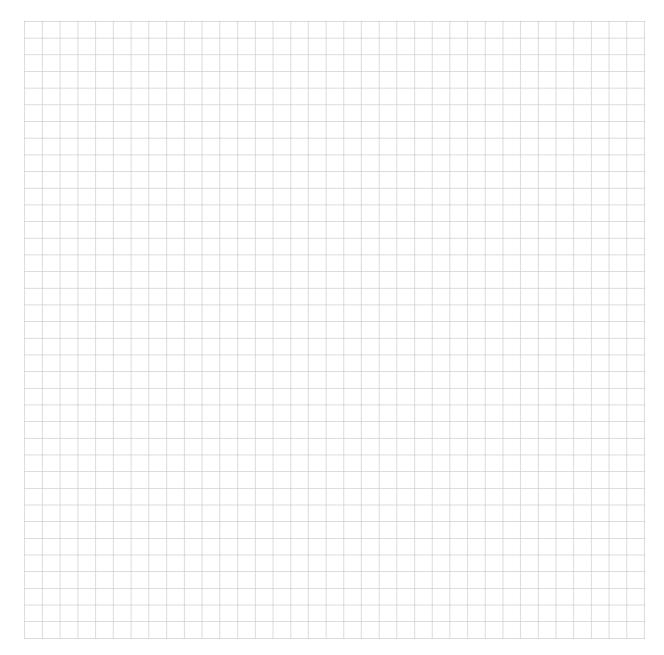


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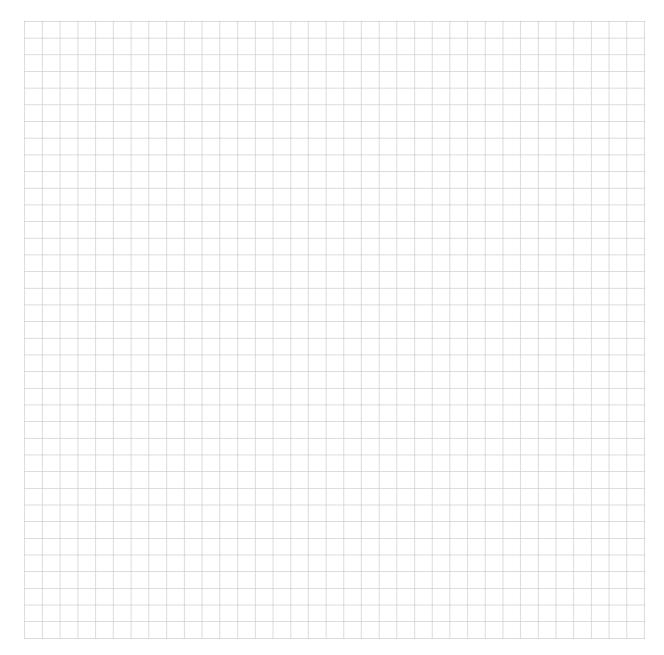
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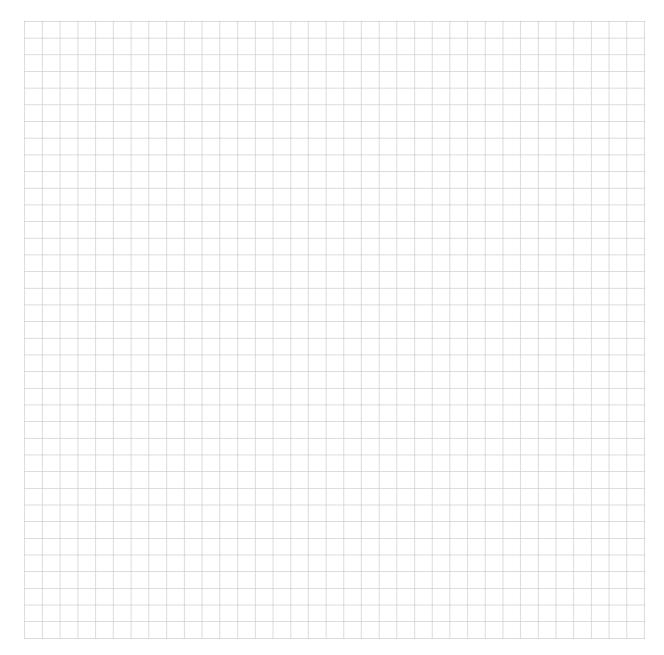
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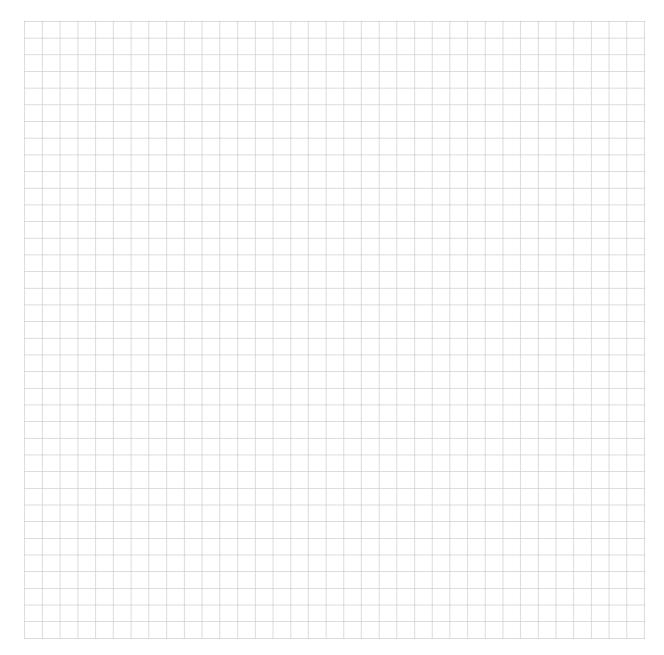
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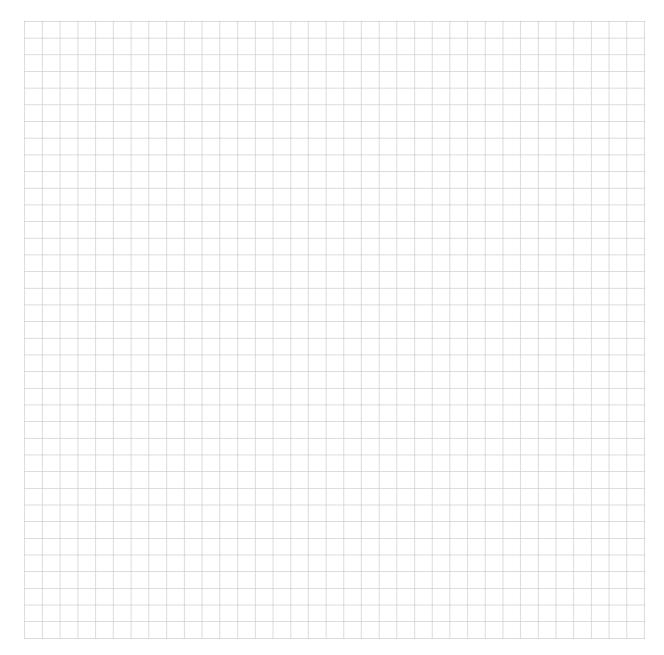
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Name and Surname of the Controlling Manager :

Title :

Signature: :

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STUDENT'S INTERNSHIP PLACE EVALUATION FORM (Form 1)

Evaluation Criteria	Excelle	Good	Medium	insufficient
Managers' approach to internship students				
Employees' approach to internship students				
Competence of working environment (technical equipment,)				
Conformity of working conditions (continuous standing, sitting, narrow / wide, closed open space, irregular operation				
Sufficiency of social facilities offered to employees				
The adequacy of the equipment and systems used in operation				
Support given by supervisors and subordinates in your development				
Communication between employees				

- 1. Is the work carried out in the Department or Departments where the internship is carried out with adequate and appropriate procedures? Please explain.
- 2. Have you received the necessary support from the relevant managers and from the employees in the training period? Please explain.
- 3. Indicate the advantages and disadvantages that you have in providing your internship at this institution
- 4. Indicate the facilities provided by the institution during the internship

Payment Accommodation Lunch Transportation others

- 5. During the internship, did you find enough internships for your theoretical knowledge? Please explain.
- 6. Would you recommend this institution to other students who will do an internship?

7. Can you conduct an internship in accordance with the departmental objectives in this institution? Please explain.

Please indicate the answers to the above questions and any other ideas you would like to add to the institution you are practicing for on the pages following the form.

GENERAL REPORT ABOUT THE INSTITUTION (Form 2)

THE INTERNSHIP EVALUATION FORM OF THE INTERNSHIP COORDINATOR

	(Form 3)	
STUDENT		

Name and Surname Department Grade ID

Internship Department

: Internship Start / End Dates

Evaluation Criteria	Excellent	Good	insufficient
Proper Use of the Internship Notebook			
Efficiency of Daily Reports			
Student's evaluations for Internship place			

Evaluation of Internship

SUCCESSFUL	
UNSUCCESSFUL	

Name

Department

Signature

Date

Internship Commission:

Title, Name and Surname	Signature- Date
1-	
2-	

2	
3-	ı

NOTE: This form will be filled in by the relevant internship coordinator after the notebook is delivered at the end of the internship.

Name of Institution:

INSTITUTIONAL STUDENT EVALUATION FORM (Form 4)

Student's name and surname:

it must be re-signed and stamped.

artment of Education: de: rnship Time (Beginning-Ending Date)):		Internship Department: Number of employees:		
tusiip tiiic (Degiiiiiig	-Enuing Date)).			
Evaluation Crite	ria	Excellent	Good	
Work Knowledge				
Attendance				
Compliance with B	usiness Rules			
Interest in Work				
Learning and Intern	shin Ability			
Communication with	th Supervisors			
Communication with	th colleagues			
If ves., communicat	ion with the natient /			
Annearance				
`	lease specify if you have y, other than the above co	any aspects of ou	er student that yo	ou think are
neral Assessment (P	lease specify if you have	any aspects of ou	ir student that yo	ou think are
neral Assessment (P	lease specify if you have y, other than the above co	any aspects of ou	ir student that yo	ou think are
neral Assessment (Pomplete or satisfactor	lease specify if you have y, other than the above co	any aspects of ouriteria.)		
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neral Assessment (Pomplete or satisfactor NAGER FILLING Tome and Surname	lease specify if you have y, other than the above of the specific than the above of the specific than the specific than the above of the specific than the specific than the above of the specific than the specif	e any aspects of ouriteria.)		
neral Assessment (Pomplete or satisfactor NAGER FILLING Tome and Surname	lease specify if you have y, other than the above of the specific than the specific	any aspects of ouriteria.)		

Üsküdar Üniversity FACULTY OF ENGINEERING AND NATURAL SCIENCES,- Internship Notebook

internship must be filled in by the institutional authority and enclosed in a closed envelope. Envelope