

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 | : | _____ |
| Department name for practicing | : | _____ |
| Course ID (SE282/SE382) | : | _____ |
| Start Date | : | _____ |
| Finish Date | : | _____ |

ÜSKÜDAR UNIVERSITY
FACULTY OF ENGINEERING AND NATURAL SCIENCES
INTERNSHIP NOTEBOOK

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.

ÜSKÜDAR UNIVERSITY
FACULTY OF ENGINEERING AND NATURAL SCIENCES
INTERNSHIP NOTEBOOK

Summary of the Internship From.....Until.....

| Date | Day | Topics in practice | Page | Total Worked |
|---------------------------|-----------|--------------------|-------------------|--------------|
| .../.../.... | Monday | | | |
| .../.../.... | Tuesday | | | |
| .../.../.... | Wednesday | | | |
| .../.../.... | Thursday | | | |
| .../.../.... | Friday | | | |
| .../.../.... | Saturday | | | |
| Student's sign : | | | Total Worked hour | |
| Department : | | | | |
| Controller's Name : | | | Signature : | |

Summary of the Internship From.....Until.....

| Date | Day | Topics in practice | Page | Total Worked |
|---------------------------|-----------|--------------------|-------------------|--------------|
| .../.../.... | Monday | | | |
| .../.../.... | Tuesday | | | |
| .../.../.... | Wednesday | | | |
| .../.../.... | Thursday | | | |
| .../.../.... | Friday | | | |
| .../.../.... | Saturday | | | |
| Student's sign : | | | Total Worked hour | |
| Department : | | | | |
| Controller's Name : | | | Signature : | |

ÜSKÜDAR UNIVERSITY
FACULTY OF ENGINEERING AND NATURAL SCIENCES
INTERNSHIP NOTEBOOK

Summary of the Internship From.....Until.....

| Date | Day | Topics in practice | Page | Total Worked |
|------------------------|-----------|--------------------|------|--------------|
| .../.../... | Monday | | | |
| .../.../... | Tuesday | | | |
| .../.../... | Wednesday | | | |
| .../.../... | Thursday | | | |
| .../.../... | Friday | | | |
| .../.../... | Saturday | | | |
| Student's sign : | | Total Worked hour | | |

Department :

Controller's Name : Signature :

Summary of the Internship From.....Until.....

| Date | Day | Topics in practice | Page | Total Worked |
|------------------------|-----------|--------------------|------|--------------|
| .../.../... | Monday | | | |
| .../.../... | Tuesday | | | |
| .../.../... | Wednesday | | | |
| .../.../... | Thursday | | | |
| .../.../... | Friday | | | |
| .../.../... | Saturday | | | |
| Student's sign : | | Total Worked hour | | |

Department :

Controller's Name : Signature :

ÜSKÜDAR UNIVERSITY
FACULTY OF ENGINEERING AND NATURAL SCIENCES
INTERNSHIP NOTEBOOK

Summary of the Internship From.....Until.....

| Date | Day | Topics in practice | Page | Total Worked |
|---------------------------|-----------|--------------------|-------------------|--------------|
| .../.../.... | Monday | | | |
| .../.../.... | Tuesday | | | |
| .../.../.... | Wednesday | | | |
| .../.../.... | Thursday | | | |
| .../.../.... | Friday | | | |
| .../.../.... | Saturday | | | |
| Student's sign : | | | Total Worked hour | |
| Department : | | | | |
| Controller's Name : | | | Signature : | |

Summary of the Internship From.....Until.....

| Date | Day | Topics in practice | Page | Total Worked |
|---------------------------|-----------|--------------------|-------------------|--------------|
| .../.../.... | Monday | | | |
| .../.../.... | Tuesday | | | |
| .../.../.... | Wednesday | | | |
| .../.../.... | Thursday | | | |
| .../.../.... | Friday | | | |
| .../.../.... | Saturday | | | |
| Student's sign : | | | Total Worked hour | |
| Department : | | | | |
| Controller's Name : | | | Signature : | |

DAILY REPORT

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

| | |
|--|--|
| | |
|--|--|

Name and Surname of the Controlling Manager :

Title :

Signature: :

DAILY REPORT

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

| | |
|--|--|
| | |
|--|--|

Name and Surname of the Controlling Manager :

Title :

Signature: :

DAILY REPORT

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

| | |
|--|--|
| | |
|--|--|

Name and Surname of the Controlling Manager :

Title :

Signature:

DAILY REPORT

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

| | |
|--|--|
| | |
|--|--|

Name and Surname of the Controlling Manager :

Title :

Signature: :

DAILY REPORT

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

| | |
|--|--|
| | |
|--|--|

Name and Surname of the Controlling Manager :

Title :

Signature: :

DAILY REPORT

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

| | |
|--|--|
| | |
|--|--|

Name and Surname of the Controlling Manager :

Title :

Signature: :

DAILY REPORT

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

| | |
|--|--|
| | |
|--|--|

Name and Surname of the Controlling Manager :

Title :

Signature: :

DAILY REPORT

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

| | |
|--|--|
| | |
|--|--|

Name and Surname of the Controlling Manager :

Title :

Signature: :

DAILY REPORT

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

| | |
|--|--|
| | |
|--|--|

Name and Surname of the Controlling Manager :

Title :

Signature: :

DAILY REPORT

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

| | |
|--|--|
| | |
|--|--|

Name and Surname of the Controlling Manager :

Title :

Signature: :

DAILY REPORT

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

| | |
|--|--|
| | |
|--|--|

Name and Surname of the Controlling Manager :

Title :

Signature: :

DAILY REPORT

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

| | |
|--|--|
| | |
|--|--|

Name and Surname of the Controlling Manager :

Title :

Signature: :

DAILY REPORT

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

| | |
|--|--|
| | |
|--|--|

Name and Surname of the Controlling Manager :

Title :

Signature: :

DAILY REPORT

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

| | |
|--|--|
| | |
|--|--|

Name and Surname of the Controlling Manager :

Title :

Signature: :

STUDENT'S INTERNSHIP PLACE EVALUATION FORM (Form 1)

| Evaluation Criteria | Excellent | 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)

[illegible]

**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 | |

Instructor

Name :
Department
:
Signature :
Date :

Internship Commission:

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

ÜSKÜDAR UNIVERSITY
FACULTY OF ENGINEERING AND NATURAL SCIENCES
INTERNSHIP NOTEBOOK

| | |
|-----------|--|
| 3- | |
|-----------|--|

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

INSTITUTIONAL STUDENT EVALUATION FORM (Form 4)

Student's name and surname:
Department of Education:
Grade:
Internship Time (Beginning-Ending Date)):

Name of Institution:
Internship Department:
Number of employees:

| Evaluation Criteria | Excellent | Good | | |
|--|------------------|-------------|--|--|
| Work Knowledge | | | | |
| Attendance | | | | |
| Compliance with Business Rules | | | | |
| Interest in Work | | | | |
| Learning and Internship Ability | | | | |
| Communication with Supervisors | | | | |
| Communication with colleagues | | | | |
| If yes, communication with the patient / | | | | |
| Appearance | | | | |
| Eligibility for the Sector | | | | |

General Assessment (Please specify if you have any aspects of our student that you think are incomplete or satisfactory, other than the above criteria.)

| |
|---------------------------------|
| MANAGER FILLING THE FORM |
|---------------------------------|

Name and Surname : _____

Title : _____

Signature and stamp : _____

Date : _____

NOTE: This form must be accompanied by a notebook in a closed envelope. At the end of the form internship must be filled in by the institutional authority and enclosed in a closed envelope. Envelope it must be re-signed and stamped.