***TO WHOM IT MAY CONCERN,***

Energy Systems Engineering Department of Osmaniye Korkut Ata University has a vision to educate well trained and qualified engineers for our country.

Students are required to do internships at least 20 business days to consolidate and expand their theoretical and practical knowledge gained from education in the faculty in accordance with *Internship Directive* of our faculty.

For the assessment of student internships at the end of the internship "Internship Evaluation Form" is attached. Thank you for your contributions and we wish you every success in your business.

Best Regards,

Energy Systems Engineering Department

Member of Internship Commission

**OSMANİYE KORKUT ATA UNIVERSITY FACULTY OF ENGINEERING
INTERNSHIP EVALUATION FORM**

**Student Name :....................................................................................**

**Student Number:.....................................................................................**

**Department:....................................................................................**

**Student's Permanent Address:....................................................................................**

**Phone Number:....................................................................................**

**---------------------------------------------------------------------------**

**This department to be completed by the authorities of the company**

**Name :................................................................................................**

**Adress :................................................................................................**

**Phone Number :................................................................................................**

**Fax Number:................................................................................................**

**Web Adress :................................................................................................**

**Intern supervisor:....................................................................................**

**E-mail adres of internship supervisor:.......................................................................................**

**Beginning of the Internship:........../.........../........ Completion of the Internship:.........../.........../........**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Very Good** | **Good** | **Sufficient** | **Unsufficient** |
| **The interest in work** |  |  |  |  |
| **Taking responsibility** |  |  |  |  |
| **Ability to finish given work in time** |  |  |  |  |
| **Fulfilling the duties** |  |  |  |  |
| **Efficient use of time** |  |  |  |  |
| **Ability to solve problem** |  |  |  |  |
| **Creativity** |  |  |  |  |
| **Tendency to work with group**  |  |  |  |  |
| **Communication with the supervisor** |  |  |  |  |
| **Obeying the rules** |  |  |  |  |
| **Desire for the self improvement**  |  |  |  |  |
|  |  |  |  |  |
| **OVERALL ASSESSMENT** |  |  |  |  |

**ASSESSMENT**

**Please state your comments and suggestions on the progress of the intern.**

|  |
| --- |
|  |

**Would you like to give a place to students for internship from our faculty for the next year?**

 **Yes No**

**Responsible Person for the Evaluation**

**Title and Name:**

**Position in the Company:**

**e-mail:**

 **Signature**

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