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|  ÜNİVERSİTE LOGOSU**TS EN ISO** **9001:2015** | T.C.İZMİR KÂTİP ÇELEBİ ÜNİVERSİTESİTURİZM FAKÜLTESİ***İZMİR* KÂTİP *ÇELEBİ UNIVERSITY******FACULTY OF TOURISM*** | http://www.ikc.edu.tr/public/images/tse.jpg |
| ***INTERNSHIP FULFILLMENT AND EVALUATION FORM*** | **Doc. No:** FR/655/16 |
| **Pub. Date:** 02.03.2018 |
| **Rev. No/Date.:** 00/... |
| **Page: 1/1** |

***(To be filled by the Supervisor of the Company)*** EK.4/APP.4

***Student*  *Company***

*Name-Surname:* *Name:*

*Number: Tel:*

*Department: E-mail:*

*Class:* *Address:*

***Internship Coordinator***

*Name-Surname:*

*E-mail:*

*Photo*

***Dear Supervisors of the trainee,***

You are kindly asked to complete the evaluation table requested below by giving points to evaluate the trainee’s competencies. (*Passing grade is 60 on a 100 point scale*)

|  |
| --- |
| **EVALUATION TABLE** |
| **COMPETENCIES** | **POINTS** |
| Willingness to learn information about the job |   |
| Attendance |  |
| Punctuality in performing the tasks |   |
| Interest and devotion towards the job |   |
| Technical skills |   |
| Capability of undertaking responsibility in the enterprise |   |
| Taking initiative |   |
| Communication with customers |   |
| Communication with colleagues |   |
| Communication with supervisors |   |
| Presentability |   |
| Adaptation to the sector |   |
| **GRADE POINT AVERAGE** |  |

**Trainee has successfully completed internship program at our company between the dates** ……...……….…….........-…...............…………….

**Kindly submitted for your information.**

**PS:** Total number of the days that the student is absent from the company: ………….

 (Date)*……/……/……*

**Supervisor or the Director of Human Relations/Personnel Department**

*Name-Surname:* *Signature-Stamp:*

*Title:*

**(This part will be completed by the Faculty/Department Coordinator of Internship)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Grade Weight** | **Points** | **Effect Ratio** | **Points** | **Date-Signature** |
| Evaluation  |  | **%30** |  |  |
| Report  |  | **%40** |  |  |
| Internship Comission Evaluation |  | **%30** |  |  |
| **GRADE POINT AVERAGE** |  |

*This form should be turned in sealed either in person or by mail to the address Internship Coordinator, Department of Tourism Faculty, İzmir Kâtip Çelebi University, Çiğli/İzmir, Turkey. Alternatively, after signing and scanning this form, you may send it via email to the Internship Coordinator of the Tourism Faculty. The e-mail address is turizm@ikc.edu.tr Tel: +90(232) 329 35 35.*