



T.R.
İSTANBUL MEDİPOL UNIVERSITY
SCHOOL OF PHARMACY
INTERNSHIP EVALUATION FORM

No.	Student Number	Student Name-Surname	Internship Institution Name	Date	Hour	Face to Face (X)	Tel. (X)	Remarks
1								
2								
3								
4								
5								
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7								
8								
9								
10								

Name-Surname
Signature