İSTANBUL MEDİPOL UNIVERSITY
FACULTY OF FINE ARTS, DESIGN AND ARCHITECTURE

INTERNSHIP REGISTRATION FORM

DATE: ……/……../ 202….

INTERN STUDENT		PHOTO
NAME SURNAME	:	
STUDENT ID NUMBER	:	
THE CURRENT ACADEMIC YEAR **(e.g., 2016-2017)**	:	
SEMESTER IN WHICH THE INTERNSHIP WAS COMPLETED **(e.g., Summer 2016-2017)**	:	
E-MAIL	:	

FIELD TO BE FILLED OUT BY THE INTERNSHIP SUPERVISOR(S)	
NAME OF THE COMPANY/INSTITUTION WHERE THE INTERNSHIP WAS COMPLETED	:
THE INSTITUTION'S WORKING NATURE	:
CONTENT AND SCOPE OF THE INTERN STUDENT'S DUTIES AT THE INTERNSHIP PLACE	:
DATE	STUDENT'S INTERNSHIP START DATE:
	STUDENT'S INTERNSHIP END DATE:
DAYS **(working days)**	DAYS THE STUDENT WORKED:
	DAYS THE STUDENT WAS ABSENT:
STUDENT ATTENDANCE **(Please Grade*)**	:
WORK AND EFFORT **(Please Grade*)**	:
DOING THE JOB ON TIME AND COMPLETELY **(Please Grade*)**	:
ATTITUDE TOWARDS THE AUTHORITIES **(Please Grade*)**	:
ATTITUDE TOWARDS WORK AND FRIENDS **(Please Grade*)**	:
OPINIONS OF THE INTERNSHIP SUPERVISOR REGARDING THE INTERN STUDENT'S STATUS:	

ISTANBUL MEDIPOL UNIVERSITY FACULTY OF FINE ARTS, DESIGN AND ARCHITECTURE RECOGNIZES AND CONSIDERS THE COMPANIES/INSTITUTIONS WHERE ITS STUDENTS COMPLETE INTERNSHIPS AS STAKEHOLDERS. IN THIS CONTEXT, YOUR VIEWS ON THE ADEQUACY OF OUR EDUCATIONAL PROGRAMS ARE IMPORTANT.

THE OPINION OF THE INTERNSHIP SUPERVISOR'S OPINIONS REGARDING THE QUALITIES THAT NEED TO BE UPDATED AND IMPROVED IN THE EDUCATIONAL PROGRAM, BASED ON THE INTERN STUDENT'S SITUATION:

NAME AND SURNAME OF THE AUTHORIZED PERSON(S)	:
SIGNATURE(S) OF THE AUTHORIZED PERSON(S)	:
CONCLUSION AND APPROVAL (Please Grade*)	:

*** GRADES: A: Very good, B: Good, C: Average, D: Poor**

****This document must be delivered to the student by the internship supervisor(s) in a sealed envelope. (Record forms not delivered in a sealed envelope or with a damaged seal will not be accepted.)**