



İSTANBUL MEDİPOL UNIVERSITY
SCHOOL OF HUMANITIES AND SOCIAL SCIENCES
PSYCHOLOGY DEPARTMENT
INTERNSHIP: FIELD EXPERIENCE
INTERNSHIP RECORD BOOK



APPENDIX 1
ISTANBUL MEDIPOL UNIVERSITY
SCHOOL OF HUMANITIES AND SOCIAL SCIENCES
INTERNSHIP APPLICATION FORM

DATE:

STUDENT DETAILS

NAME and SURNAME	:		STUDENT ID	:	
IDENTIFICATION NUMBER/PASSPORT NUMBER		:			
RESIDENTIAL ADDRESS		:			
E-MAIL ADDRESS		:			
PHONE		:			
NATIONALITY		:			
RESIDENCE PERMIT NUMBER		:			
(This area should be filled by Foreign Students who will do the Internship in Turkey.)					
SPECIAL STUDENT SITUATION (Please mark the appropriate box.)					
<input type="checkbox"/> Double Major <input type="checkbox"/> Minor <input type="checkbox"/> Erasmus <input type="checkbox"/> No Special Situation					

INTERNSHIP INSTITUTION DETAILS

NAME OF INTERNSHIP INSTITUTION		:			
PERMANENT ADDRESS		:			
EMAIL	:	PHONE / FAX	:	:	:
INTERNSHIP	START DATE	:	NUMBER OF DAYS TO BE INTERNSHIP	:	
	END DATE	:			
CONTENT AND SCOPE OF THE INTERNSHIP STUDENT'S DUTY IN THE INTERNSHIP INSTITUTION		:			
(Briefly describe the work you will do your internship.)					

CONTACT AT INTERNSHIP INSTITUTION

NAME and SURNAME	SIGNATURE and STAMP
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ACADEMIC STAFF APPROVING THE INTERNSHIP INSTITUTION

NAME and SURNAME	SIGNATURE
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APPENDIX 2

ISTANBUL MEDİPOL UNIVERSITY Deanery of School of Humanities and Social Sciences

Date:

To Whom It May Concern:

This is to certify that
is a student of the Department of Psychology, numbered, is obliged to
do the Internship: Field Experience for 20 days.

Sincerely,

Gökhan Malkoç, Ph.D.

Professor,

Chair, Department of Psychology

Signature:

SCHOOL OF HUMANITIES AND SOCIAL SCIENCES

PSYCHOLOGY DEPARTMENT

INTERNSHIP GUIDELINES

I. GENERAL PRINCIPLES

- 1- The aim of the internships of the students at the Department of Psychology (Turkish and English Programs) affiliated to the School of Humanities and Social Sciences is to consolidate the theoretical knowledge of the students with practice and to provide students with experience in their field by preparing a practical background for this theoretical knowledge in accordance with the principles of the Istanbul Medipol University Associate Degree and Undergraduate Education Regulation.
- 2- Internships must be done in institutions and organizations appropriate for the fields of psychology.
- 3- The compulsory internship of the Psychology Department is the Internship: Field Experience.
- 4- The internships of students coming to faculty through undergraduate transfer are evaluated by the Internship Committee.

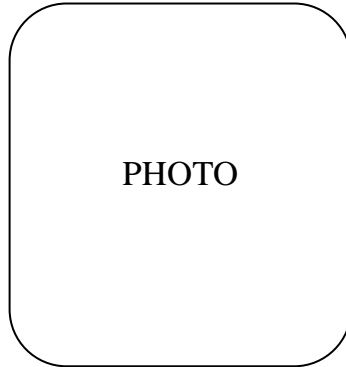
II. INTERNSHIP TOPICS

- 5- Internship: Field Experience at the Department of Psychology (Turkish and English Program) affiliated to the School of Humanities and Social Sciences is an internship that is done in the fourth academic year (in 7th or 8th semester) for 20 workdays. This internship allows students to practice the subjects learned at academic level in various application areas of psychology (hospitals, private consultancy centers, municipalities, courthouses, guidance and research centers, etc.). It includes detailed applications specific to the department.

III. INTERNSHIP PROCESS

6. Students must abide by the working order and rules of the institution they are doing their internship. Otherwise, their internships are considered unsuccessful.
7. The internship record book and documents should be filled according to the internship principles of the faculty and the department.
8. If it is understood that the students are not present in the institution without an excuse during the phone checks made by random selection method or if suspicious situations regarding the internship are detected in the interview with the institution officials, even if the internship record book is submitted, the internship will be evaluated as unsuccessful.

SCHOOL OF HUMANITIES AND SOCIAL SCIENCES
PSYCHOLOGY DEPARTMENT
INTERNSHIP RECORD BOOK



Name-Surname of Student :.....
Department :.....
Class :.....
Student Id :.....
Internship Start Date :.....
Internship End Date :.....
Name of Internship Institution :.....
Internship Institution Phone :.....
Internship Institution E-mail :.....

Choose Your Internship Area:

- Clinical Psychology
- Developmental Psychology
- Cognitive Psychology
- Social Psychology
- Industrial and Organizational Psychology
- Other :.....

**DISTRIBUTION SHEET OF THE WORK DONE ACCORDING TO
WORKING DAYS**

Item No	Date of Work	Day	Description of Work Done	Page No	Time Worked (Hour)
1/..../.....				
2/..../.....				
3/..../.....				
4/..../.....				
5/..../.....				
6/..../.....				
7/..../.....				
8/..../.....				
9/..../.....				
10/..../.....				

Student's Signature :

Checked by Internship Institution Official

Name and Surname :

Signature :

Stamp :

**DISTRIBUTION SHEET OF THE WORK DONE ACCORDING TO
WORKING DAYS**

Item No	Date of Work	Day	Description of Work Done	Page No	Time Worked (Hour)
11/..../.....				
12/..../.....				
13/..../.....				
14/..../.....				
15/..../.....				
16/..../.....				
17/..../.....				
18/..../.....				
19/..../.....				
20/..../.....				

Student's Signature :

Checked by Internship Institution Official

Name and Surname :

Signature :

Stamp :

STUDENT EVALUATION BY THE INTERNSHIP INSTITUTION

Student Details

Name-Surname :
Department-Class :
Internship Duration in Days (Start-End Date) :

Name of the Internship Institution :

Evaluation Criteria	Excellent	Good	Fair	Poor
Work information				
Work continuation				
Fall in line with the rules				
Interest to work				
Learning ability				
Practice ability				
Communication with supervisors				
Communication with workmates				
Analytical thinking ability				
Result oriented				
Patience				
Tenaciousness				
Newfangledness/Creativity				
Teamwork skills				

Overall Evaluation (Please indicate if there are aspects of our student that need improvement that you find incomplete or sufficient other than the criteria mentioned above.)

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.....

Internship Institution who filled out the Form

Name-Surname :
Title :
Date :
Signature and Institution Stamp :

APPENDIX 3

Date:

TO İSTANBUL MEDİPOL UNIVERSITY DEANERY OF SCHOOL OF HUMANITIES AND SOCIAL SCIENCES, PSYCHOLOGY DEPARTMENT,

The student named
successfully completed the internship in our institution for days between the dates
of and Internship daily reports in internship
record book have been checked and signed by our institution official. In addition, Student
Evaluation by The Internship Institution Form has been duly filled in by our institution
official.

I request your information.

Internship Institution Official

Name Surname:

Signature:

Stamp:

IMPORTANT: If the institution does not have a stamp, APPENDIX 3 form must be written and signed on the institution's letterhead. If there is no letterhead, the full statement stated above must be sent to the student via corporate e-mail. The student must add the screenshot of the relevant e-mail to the internship record book.

INTERNSHIP INSTITUTION EVALUATION BY THE STUDENT

Evaluation Criteria of the Internship Institution	Excellent	Good	Fair	Poor
Managers' approach to interns				
Employees' approach to interns				
Adequacy of the working environment (moisture, noise, stuffiness, hygienic conditions etc.)				
Suitability of working conditions				
Adequacy of social opportunities offered to employees				
The adequacy of the tools and systems used while working				
Support of superiors in the development of their subordinates				
Communication between employees				

1. Are the works performed in the unit or units carried out with adequate and appropriate procedures? Please explain.

2. Did you get the necessary support from the relevant manager or managers and employees during your internship? Please explain.

3. Please indicate the advantages and disadvantages of having done your internship in this institution.

4. Please indicate the opportunities provided by the institution during the internship.

Wage. Insurance Accomodation Food. Transportation Other

5. Did you find enough application opportunities for your theoretical knowledge during the internship? Please explain..

6. Would you recommend this institution where you did your internship to other students?

7. Do you think an internship can be done in this institution in accordance with the department goals? Please explain.

8. Please indicate the answers to the questions above and any other thoughts you would like to add about the institution where you did your internship on the following pages.

EVALUATION FORM FOR STUDENT INTERNSHIP

Student Details:

Name and Surname :

Department :

Class :

Student Id :

Internship Start / End Date :

Evaluation Criteria	Excellent	Good	Fair	Poor
Completion and Delivery of Internship Record Book Properly				
Effectiveness of Daily Reports				

Evaluation of the Internship

SUCCESSFULL	
FAILING	

Evaluative Academic Staff Details

Name-Surname :

Department :

Signature :

Date :

Internship Commission:

Title- Name and Surname	Signature-Date
1-	
2-	
3-	