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| **YILDIZ TECHNICAL UNIVERSITY**  **CHEMISTRY-METALLURGICAL FACULTY**  **BIOENGINEERING DEPARTMENT**  **INTERNSHIP EVOLUATION FORM** |

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| Student Name Surname :  Number :  Type of Internship :Laboratory Manufacturing/Factory  Internship Start Date :  End Date :  Number of days : | PHOTOGRAPH |
| To whom it may concern,  Above mentioned student has been approved for doing internship in your institution. We are grateful that your institution provided this opportunity to our student.  Internship is part of technical achievement in our department. Thus, we kindly request that; you closely monitor our student; you verify that our student obeys necessary laws, regulations, and your institution’s disciplines.  After internship is complete, please fill in the information below.  Regards,  ..……………………………………..  Department of Bioengineering, Head | |

TO BE FILLED BY INSTITUTION THAT PROVIDED INTERNSHIP

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|  | REVIEW | | | |
| EXCEPTIONAL  (A) | GOOD  (B) | AVAREGE  (C) | INSUFFICIENT  (D) |
| REVIEW: |  |  |  |  |
| Internship Institution | Date; ……./……./……    Signature  Institution Stamp | | | |
| Name:  Address: |
| Authorızed Staff |
| Name Surname:  Position:  Phone:  Fax:  E-mail: |

TO BE FILLED BY YILDIZ TECHNICAL UNIVERSITY

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| No of...…..day of internship has been **accepted**    **rejected** | |
| Explanations:……………………………………………………………………………………………………………………………………………………………………………………………. | |
| Faculty Member  Name Surname:  Title :  Date; ……./……./……  Signature | Faculty Member  Name Surname:  Title :  Date; ……./……./……  Signature |