**Appendices**

**1.** Student Internship Application and Acceptance Form

**2.** Institution/Organization Student Evaluation Form

**3.** Internship Completion Document

**4.** Department Internship Committee Student Evaluation Form

**5.** Internship Book

**a.** Page example

**b.** Ledger complement

**c.** Inside cover sample

**6.** Internship Leave Form

**IZMIR DEMOCRACY UNIVERSITY**

**FACULTY OF ENGINEERING …………….. ENGINEERING DEPARTMENT ORNAMENTAL PLANT CULTIVATION PROGRAMME**

**INTERNSHIP APPLICATION AND ACCEPTANCE FORM (AP-1)**

Issue:

Subject: Internship Application

**……./……./…………..**

**To Whom It May Concern,**

Students of the ………………….. Faculty of Engineering Mechanical Engineering Department are required to complete an internship at institutions/organizations pertaining to their education. As per the sub-paragraph (a) of the second paragraph of article 13 of the aforementioned Law, in the event that an occupational accident occurs, the authorized law enforcers as well as our department have to be notified.

If our student, whose information and record(s) are given below, is accepted as an intern in your company for …... days, please fill in and confirm the required fields of this form below and send it back to our faculty.

**ID INFORMATION OF THE STUDENT**

|  |  |
| --- | --- |
| SCHOOL NUMBER |  |
| NAME-SURNAME |  |
| ID NUMBER |  |
| ADDRESS |  |
| PHONE NUMBER |  |
| E-MAIL |  |
| CLASS/SEMESTER |  |
| REGISTERED IN SOCIAL SECURITY SYSTEM | YES / NO |

**INTERNSHIP INFORMATION**

|  |  |
| --- | --- |
| NAME OF THE PLACE |  |
| ADDRESS |  |
| FIELD OF OPERATION |  |
| PHONE NUMBER |  |
| E-MAIL |  |

**INTERNSHIP**

|  |  |
| --- | --- |
| TYPE |  |
| START AND COMPLETION DATE |  |
| NUMBER OF DATES |  |

I hereby declare and guarantee that the information and record(s) submitted as indicated above are correct and I will carry out ……. days internship programme and in case I fail to start or have to withdraw from the internship programme or have made any changes to my internship, I will submit the “*Internship Site Change/Cancellation Form”* to the Office for Student Affairs of the Faculty at least 10 days in advance; otherwise I will compensate for the pecuniary damages which may arise due to the unpaid Social Security premiums. ……./……./…………..

Student’s Name-Surname, Signature

**IT IS APPROPRIATE/NOT APPROPRIATE** to have daily compulsory internship of the student in our institution/organization whose ID information is above.

**INSTITUTION/ORGANIZATION OR AUTHORIZED PERSON**

|  |  |
| --- | --- |
| NAME-SURNAME |  |
| DATE |  |
| SIGNATURE-SEAL/STAMP |  |

**HEAD OF PROGRAMME INTERNSHIP COMMISSION**

NAME-SURNAME, SIGNATURE

***ATTENTION:*** *The student must deliver this form during the indicated period in the Internship Manual of the Department before start of internship to the Internship Commission of the Department. This form must be prepared in two original copies (one copy for the Institute/Organization, one copy for the Departmental Internship Commission.).*

**IZMIR DEMOCRACY UNIVERSITY**

**…………….. ENGINEERING DEPARTMENT**

**INSTITUTION/ORGANIZATION STUDENT INTERNSHIP EVALUATION FORM (AP-2)**

**STUDENT INFORMATION**

|  |  |
| --- | --- |
| NAME-SURNAME |  |
| STUDENT NUMBER |  |
| ID NUMBER |  |
| ADDRESS |  |
| PHONE |  |
| INTERNSHIP START-END DATES |  |

*This part will be filled by student.*

At least 7 criteria must be successful in order to be accepted the internship.

|  |  |  |
| --- | --- | --- |
| **INTERN EVALUATION FORM** | | |
| **Evaluation Criteria** | **SUCCESSFUL** | **UNSUCCESSFUL** |
| Field Knowledge |  |  |
| Professional skill |  |  |
| Communication Skills |  |  |
| Inclined to team work |  |  |
| Self-Development |  |  |
| Representational Skills |  |  |
| Devotion to Work |  |  |
| Time Management |  |  |
| Discipline |  |  |
| Attendance at work |  |  |
| **Please explain;** | | |
| Intern’s strengths |  | |
| Intern’s weaknesses |  | |
| General opinions about the quality of intern’s education provided by vocational school? |  | |
| Would you consider to employ this intern after his/her graduation? |  | |
| If any, additional suggestions: |  | |

**INSTITUTIONAL/ORGANIZATIONAL INFORMATION**

|  |  |
| --- | --- |
| NAME |  |
| ADDRESS |  |
| PHONE / FAX |  |
| E-MAIL |  |

**INSTITUTIONAL/ORGANIZATIONAL AUTHORITY**

|  |  |
| --- | --- |
| NAME-SURNAME |  |
| TITLE |  |
| SIGNATURE - STAMP |  |

*This part will be filled by authorized staff of the establishment.*

\* Thank you for your time and effort. Please deliver the document to the student in a closed envelope

**IZMIR DEMOCRACY UNIVERSITY**

**……………… ENGINEERING DEPARTMENT**

**INTERNSHIP COMPLETION DOCUMENT (AP-3)**

**IZMIR DEMOCRACY UNIVERSITY**

**FACULTY OF ENGINEERING**

……………………………………………………………………………………………………………………, the student of your Mechanical Engineering Department, made a ………………-day internship in our business between ……./……../20……. - ……./……../20………….

Kind regards and I would like to offer your information.

………/………./20………

Name-Surname, Signature, Stamp

Address:

Phone:

E-mail:

**IZMIR DEMOCRACY UNIVERSITY**

**FACULTY OF ENGINEERING ………………. ENGINEERING DEPARTMENT**

**INTERNSHIP EVALUATION FORM (AP-4)**

**STUDENT’S**

|  |  |
| --- | --- |
| NAME SURNAME |  |
| STUDENT NUMBER |  |
| ID NUMBER |  |

|  |  |
| --- | --- |
| **EVALUATION** | **SCORE** |
| INSTITUTION/ORGANIZATION EVALUATION |  |
| EVALUATION OF THE INTERNSHIP EVALUATION COMMISSION OF THE DEPARTMENT |  |

|  |  |
| --- | --- |
| **SUCCESSFUL** | **UNSUCCESSFUL** |
| If UNSUCCESSFULL, the reason is; | |

**DEPARTMENT INTERNSHIP COMMISSION,** **EVALUATION DATE:**

**CHAIRMAN**

|  |  |
| --- | --- |
| NAME SURNAME |  |
| TITLE |  |
| SIGNATURE |  |

**MEMBER**

|  |  |
| --- | --- |
| NAME SURNAME |  |
| TITLE |  |
| SIGNATURE |  |

**MEMBER**

|  |  |
| --- | --- |
| NAME SURNAME |  |
| TITLE |  |
| SIGNATURE |  |

***\*NOTE:*** This form will be filled by the Intership Commission of the Department

**TRAINING REPORT PAGE (AP-5.a)**

|  |  |
| --- | --- |
| THE NAME OF THE DEPARTMENT WORKED AS INTERN |  |
| DATE |  |
|  | |
| APPROVAL OF THE AUTHORIZED PERSON FOR INTERNSHIP  SIGNATURE-STAMP/SEAL |  |
| STUDENT  SIGNATURE |  |



IZMIR DEMOCRACY UNIVERSITY

FACULTY OF ENGINEERING

………………. ENGINEERING DEPARTMENT

**INTERNSHIP REPORT**

Student’s

Name-Surname:

Student Number:

**Izmir, 2022**

**IZMIR DEMOCRACY UNIVERSITY**

**FACULTY OF ENGINEERING …………………… ENGINEERING DEPARTMENT**

**INTERNSHIP REPORT INNER COVER PAGE (AP-5.c)**

Photo

**STUDENT’S;**

|  |  |
| --- | --- |
| **Name-Surname:** |  |
| **Student Number:** |  |
| **ID Number:** |  |
| **Semester:** |  |
| **Internship type:** |  |

**STAJ YAPILAN KURUM/KURULUŞUN;**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Phone/Fax:** |  |
| **E-mail:** |  |
| **Internship Start-End Dates:** |  |
| **Number of dates:** |  |

**INSTITUTION/ORGANIZATION AUTHORIZED PERSON FOR INTERNSHIP;**

|  |  |
| --- | --- |
| **Name-Surname:** |  |
| **Title:** |  |
| **Signature-Seal:** |  |

**INTERNSHIP SITE CHANGE/CANCELLATION FORM (AP-6)**

**Office for Student Affairs**

……………………. Engineering Depertment student whose ID Information is ………………. has quit his/her ……………. day obligatory internship on the date of …………………. due to the excuse stated above. Kindly submitted for your necessary action to initiate the Social Security termination procedures as of ..../..../20....

…/…/20… …….......…………..

(Date/Signature/Stamp)

……………….……………………………………

Title and Name‒Surname of the Institution/

Organization Authorized Person for Internship