



REPUBLIC of TÜRKİYE
ÇANAKKALE ONSEKİZ MART UNIVERSITY
Engineering Faculty
Computer Engineering Department
Head of the Commission on Applied Training and Internships



Date:

TO BE FILLED OUT BY THE STUDENT					
<u>Student Name Surname:</u>		Passport Photograph of the Student <i>(Please attach the file from your computer so that it fits here.)</i>			
<u>Student School ID Number:</u>					
<u>Start Date of the Internship:</u>					
<u>End Date of the Internship:</u>					
<u>Phone Number:</u>	+ ()				
<p>Dear Official,</p> <p>The student whose information is given above has been approved to complete an internship at your institution/organization. I would like to thank you for providing our student with the opportunity to intern at your institution. Internships constitute an important part of a student's technical training. Therefore, I kindly request that you closely monitor our student during their internship, ensure compliance with relevant laws, regulations, and internal discipline, and complete and send the following personnel file to our institution at the end of the internship. After the student's internship is completed, I request that the original of this document be returned to the student in a sealed envelope and that a copy be kept at your institution. Best Regards,</p> <p style="text-align: center;">Commission Member Commission Member Chairman of the Commission</p> <p style="text-align: center;">Preliminary assessment: <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval</p>					
THIS SECTION WILL BE FILLED BY THE ORGANIZATION OF INTERNSHIP					
Evaluate the student's internship and tick the appropriate box, taking into account the criteria such as attendance, diligence, interest and desire to learn, adaptation to teamwork, and workplace discipline. *: Thoughts can be given as a separate page in the appendix.		EVALUATION			
		Very Good <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Insufficient <input type="checkbox"/>
<u>Institution Name:</u>		Date <i>Official's Signature and / or Company Stamp</i>			
<u>Institution Province / State:</u>					
<u>Official's Name Surname:</u>					
<u>Official's Phone Number:</u>	+ ()				
<u>Official's E-mail Adress:</u>					