

Süleyman Demirel University
Faculty of Engineering and Applied Sciences
Department of Industrial Engineering
Company Internship Evaluation Form

Photo taken in
the last 6
months

Internship Information

Student Number:	
Student's Name:	
Company Name:	
Company Address:	
Internship Type:	<input type="checkbox"/> Production <input type="checkbox"/> Management
Internship Start and End Dates:	

Student's Performance Evaluation

Department	Weeks Worked	Interest Shown	Attendance	Success Score	Supervisor's Comments

Performance Rating Scale: A - Excellent | B - Good | C - Average | D - Unsatisfactory

Tasks and responsibilities during internship :
--

Authorized Supervisor Information

Supervisor's Name:	
Title:	
Stamp and Signature:	
Date:	

Note: After the internship is completed, this form should be filled out and delivered to the student in a sealed envelope.