



T.C.
ISKENDERUN TECHNICAL UNIVERSITY
TOURISM FACULTY
DEPARTMENT OF
INSTITUTION/ORGANIZATION INTERNSHIP
EVALUATION/ RECORD FORM

CONFIDENTIAL

STUDENT INFORMATION	
Full Name	
Student No	

Photo

INTERNSHIP INSTITUTION/ORGANIZATION INFORMATION	
Name of institution/Organization:	
Address of Institution/Organization:	
Phone/Email/Fax:	
Internship Start/End Dates:	
Internship Topics:	1.
	2.
	3.
	4.

EVALUATION SECTION	
Comments on the Intern:	Internship Result:
	() Pass
	() Fail

Name, Surname, Title, Signature of the Institution/Organization Official	Approval of the Department Internship Committee

Explanations

After the student completes their internship, this document (internship record form) must be filled out, signed, and sent to the Faculty Dean's Office in a sealed envelope with a stamp/seal, along with the "Internship Attendance Sheet (Form-3)" and the "Work Report and Evidence Form (Form-5)." The second copy should be retained by your institution.