



**T.C.**  
**ISKENDERUN TECHNICAL UNIVERSITY**  
**TOURISM FACULTY**  
**WORK REPORT AND EVIDENCE FORM**

Day	Date	Daily Working Hours	Work Content (Brief)
1	.../.../...		
2	.../.../...		
3	.../.../...		s
4	.../.../...		
5	.../.../...		
6	.../.../...		
7	.../.../...		
8	.../.../...		
9	.../.../...		
10	.../.../...		
11	.../.../...		
12	.../.../...		
13	.../.../...		
14	.../.../...		
15	.../.../...		
16	.../.../...		
17	.../.../...		
18	.../.../...		
19	.../.../...		
20	.../.../...		
21	.../.../...		
22	.../.../...		
23	.../.../...		
24	.../.../...		
25	.../.../...		
26	.../.../...		
27	.../.../...		
28	.../.../...		
29	.../.../...		
30	.../.../...		
31	.../.../...		
32	.../.../...		
33	.../.../...		
34	.../.../...		
35	.../.../...		
36	.../.../...		
37	.../.../...		
38	.../.../...		
39	.../.../...		
40	.../.../...		

[Grid Area for Photo and Details]		
Subject of the work	INSTITUTION/ ORGANIZATION APPROVAL OF THE AUTHORIZED PERSONNELL	...../...../.....
Signature /Stamp		

**Note:** After this form is filled out and signed, please send it in a sealed envelope, stamped/sealed, along with the "Internship Attendance Chart (Form-3)" and the "Institution/Organization Internship Evaluation/Record Form (Form-4)" to the Faculty Dean's Office.