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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ERCIYES UNIVERSITY, FACULTY OF ENGINEERING, INTERNSHIP REPORT** | | | | | | | | | | | |
| STUDENT | | DEPARTMENT | | INDUSTRIAL ENGINEERING | | | | | | FPHOTO | |
| SCHOOL NO | |  | | | | | |
| NAME-SURNAME | |  | | | | | |
| INTERNSHIP PERIOD | | □ 1. TERM □ 2. TERM | | | | | |
| INTERNSHIP  START DATE | | …./…./….. | | NUMBER OF DAYS PERFORMED | |  | |
| FINISH DATE | | …./…./….. | |
|  | | | | | | | | | | | |
| NAME OF THE BUSINESS FIRM |  | | | | | | The person whose information is given above performed ….. days internship in this business firm.  Approval  NAME, SURNAME:  TITLE :  ..... / ..... / 20..... Signature  (The department official should approve this form) | | | | |
| ADDRESS |  | | | | | |
| **FOR DEPARTMENT INTERNSHIP COMMITTEE AND EVALUATION** | | | | | | | | | | | |
| This internship study is acceptable. | | | | | | | | | | |  |
| The 12 days of this internship study is acceptable. | | | | | | | | | | |  |
| This internship study is not acceptable. | | | | | | | | | | |  |
|  | | | | | | | | | | | |
| INTERNSHIP COMMITTEE | | | …./…./……  Signature  ……………….  CHAIR | | …./…./……  Signature  ……………….  MEMBER | | | | …./…./……  Signature  ……………….  MEMBER | | |