|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| http://www.subu.edu.tr/timthumb.php?src=http://www.subu.edu.tr/sites/subu.edu.tr/image/SUBU_LOGO_3.png&w=800 | | **SAKARYA UNIVERSITY OF APPLIED SCIENCES**  **FACULTY OF SPORT SCIENCES**  **DEPARTMENT OF COACHING EDUCATION** | | | | | | | | | | | |
| **STUDENT INTERNSHIP REGISTRY SHEET** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **1. To Be Filled By The Student** | | | | | | | | | | | | | |
| **S**  **U**  **T**  **U**  **D**  **E**  **N**  **T** | **Name** | | | |  | | | | | PHOTO | | | |
| **Surname** | | | |  | | | | |
| **ID Number** | | | |  | | | | |
| **Student ID Number** | | | |  | | | | |
| **Internship Type** | | | |  | | | | |
|  | | | | | | | | | | | | | |
| **2. To Be Filled By The Internship Site** | | | | | | | | | | | | | |
| **S**  **T**  **U**  **D**  **E**  **N**  **T** | **Position Title** | | | | | | Start Date | | **End Date** | | | **Total Days** | |
|  | | | | | |  | |  | | |  | |
|  | | | | | |  | |  | | |  | |
|  | | | | | |  | |  | | |  | |
|  | | | | | |  | |  | | |  | |
|  | | | | | |  | |  | | |  | |
|  | | | | | |  | |  | | |  | |
| **EVALUATION** | | | | | | | | | | | | | |
|  | | | | | | | **A** | **B** | **C** | | **D** | | **E** |
| Attendance | | | | | | |  |  |  | |  | |  |
| Work Quality | | | | | | |  |  |  | |  | |  |
| Punctuality | | | | | | |  |  |  | |  | |  |
| Attitude and Movement Towards Supervisors | | | | | | |  |  |  | |  | |  |
| Attitude and Movement Towards Workers and Friends | | | | | | |  |  |  | |  | |  |
| General Success Status | | | | | | |  |  |  | |  | |  |
| **A :** Excellent, **B:** Very Good **C :** Good, **D:** Fair **E :** Poor | | | | | | | | | | | | | |
| Opinion of the intership Superviser | | |  | | | | | | | | | | |
|  | | |  | | | | | | | | | | |
| Workplace adress | | |  | | | | | | | | | | |
|  | | |  | | | | | | | | | | |
| **A**  **P**  **P**  **R**  **O**  **V**  **E**  **R** | Title | | |  | | APPROVAL  Internship Supervisor | | | | | | | |
| Name and Surname | | |  | |
| Date | | |  | |
| Signature | | |  | |

**Note :** After filling and signing this document, we request it to be sent to the Department of Internship Commission in a closed and sealed envelope by the student or by mail. Thank you for the opportunities provided by your institution.

|  |  |  |  |
| --- | --- | --- | --- |
| The day of the internship (......) has been accepted. | | | |
| Member | Member | Member | President of the Commission |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 01 |  |  | 38.01.FR.30 |