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| 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 |  | APPROVALInternship 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 |
|  |  |  |  |

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