# SAKARYA UNIVERSITY FACULTY OF ARTS AND SCIENCES

# DEPARTMENT OF TRANSLATION AND INTERPRETATİON

#  INTERNSHIP MANAGER REPORT

(To be filled out by the internship institution/company and delivered to the student to be submitted to the internship commission in a closed envelope)

Name of the student:

……………………………….

**Internship manager,**

Opinions about the student:

|  |  |
| --- | --- |
| **Qualifications** | **Assessment** |
| **Excellentnttn** | **Good** | **Moderate** | **Bad** |
| Work continued |  |  |  |  |
| Ability for practices |  |  |  |  |
| Industriousness |  |  |  |  |
| Behaviors (initiative, trustworthiness, responsibility) |  |  |  |  |
| Relations with other employees |  |  |  |  |
| Compliance with industry  |  |  |  |  |
| Overall success  |  |  |  |  |

**Internship manager,**

Opinions about the student apart from the abovementioned issues**:**…………………………………………………………………………………………

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**Date / Signature / Stamp**