



Bilkent University

Department of Communication and Design

INTERNSHIP EVALUATION FORM

CONFIDENTIAL

Student

Name _____

Bilkent ID# _____

Course Code COMD 290 COMD 390

Internship Evaluation

| Department in the Company | Number of Working Days | Performance* | Attendance* | Overall Level of Success* |
|---------------------------|------------------------|--------------|-------------|---------------------------|
| | | | | |

* Please grade your evaluations on a scale of 0–10 (0–failure, 10–excellent)

Start and End Dates _____ / _____ / 202__ – _____ / _____ / 202__

Evaluated By _____

Title _____

Date _____ / _____ / 202__

Stamp – Signature

Please kindly submit the filled-out form in PDF format to cigdem.karabag@bilkent.edu.tr The submission should be made using the corporate email address affiliated with your company. If you opt for sending a hard copy, kindly ensure it is enclosed in a sealed and signed envelope and sent to the address provided below:

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Phone: +90-312-290-1749