



**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

After this evaluation forms is signed, it should be submitted by your mentor at the end of your internship via the following link (PDF only):

<https://www.dropbox.com/request/zzkiTxrMuEoKu9BcwOOr>