

**ECZANE STAJI STAJ DEĞERLENDİRME FORMU (ING)**

**BİRÜNİ UNIVERSITY  
FACULTY OF PHARMACY  
PHR\_\_\_ INTERNSHIP EVALUATION FORM**

**STUDENT INFORMATION:**

Name Surname :  
Student No. :  
TC ID No :  
Internship Code and :  
Name  
Internship Start Date :  
Internship End Date :  
Place of Internship, :  
Address and Phone  
Number

	EVALUATION			RESPONSIBLE'S THOUGHTS
CONTINUATION STATUS	GOOD <input type="checkbox"/>	MIDDLE <input type="checkbox"/>	INSUFFICIENT <input type="checkbox"/>	
PROFESSIONAL RESPONSIBILITY	GOOD <input type="checkbox"/>	MIDDLE <input type="checkbox"/>	INSUFFICIENT <input type="checkbox"/>	
HIS SUCCESS IN THE INTERNSHIP	GOOD <input type="checkbox"/>	MIDDLE <input type="checkbox"/>	INSUFFICIENT <input type="checkbox"/>	
ABILITY TO ADAPT TO WORK and WORKPLACE	GOOD <input type="checkbox"/>	MIDDLE <input type="checkbox"/>	INSUFFICIENT <input type="checkbox"/>	
LEARNING ABILITY	GOOD <input type="checkbox"/>	MIDDLE <input type="checkbox"/>	INSUFFICIENT <input type="checkbox"/>	
THE ABILITY TO EXPRESS YOURSELF	GOOD <input type="checkbox"/>	MIDDLE <input type="checkbox"/>	INSUFFICIENT <input type="checkbox"/>	
THE ABILITY TO APPLY WHAT THEY HAVE LEARNED	GOOD <input type="checkbox"/>	MIDDLE <input type="checkbox"/>	INSUFFICIENT <input type="checkbox"/>	

**THE INTERNSHIP RESPONSIBLE**

Name and Surname : .....  
Diploma Number : .....  
Signature : .....  
Pharmacy Stamp : .....

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**AFTER THE END OF THE INTERNSHIP, THIS DOCUMENT WILL BE DELIVERED TO THE FACULTY SECRETARIAT IN A CLOSED, SEALED and SIGNED ENVELOPE (together with the internship notebook).**