

………/… ACADEMIC YEAR

SPRING/FALL PROFESSIONAL PRACTICE

Student Information

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| **Name** |  |
| **Surname** |  |
| **Student No** |  |
| **Faculty / Vocational School** |  |
| **Department / Program** |  |
| **Your data is under the protection of Istanbul Gelisim University within the context of PDPL (Personal Data Protection Law).**  I give my assent and consent for the personal data I have provided within the context of Istanbul Gelisim University Professional Practice, to be recorded by Istanbul Gelisim University and for this personal data to be shared with the relevant academic staff for the Performance Evaluation Process. | |

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**Student Signature**

\* The course lecturer will fill up the table below.

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| **Course Code** |  |
| **Course Name** |  |
| **Course Lecturer** |  |

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| **Number** |  | |
| **Workplace** |  | |
| **Start Date** | **....../......** | **/20....** |
| **End Date** | **....../......** | **/20....** |
| **Number of Days Worked** |  | |

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| **INFORMATION ABOUT THE UNIT WHERE THE PROFESSIONAL PRACTICE IS MADE** | |
| **Unit Name** |  |
| **Authorized Person** |  |
| **Title** |  |
| **Telephone** |  |
| **Fax** |  |
| **Web** |  |
| **E-mail** |  |
| **Address** |  |
| **Sector** |  |

INFORMATION ABOUT JOB EXPERIENCES OF STUDENT

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| --- | --- | --- |
| **Unit Name** | **Department** | **Date** |
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INFORMATION ABOUT PROFESSIONAL PRACTICE OF STUDENT

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| **Unit Name** | **Department** | **Date** |
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INFORMATION ABOUT SUMMER INTERNSHIP OF STUDENT

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| **Unit Name** | **Department** | **Date** |
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| **PROFESSIONAL PRACTICE ACTIVITIES**  **WEEK 1 …../…../20…..** |
| **WORK CONDUCTED:**  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ……………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ……………………………………………………………………………………………….. |
| The student performed the above-mentioned activities in our institution.  Authorized Approval  Name Surname / Signature |

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| **PROFESSIONAL PRACTICE ACTIVITIES**  **WEEK 2 …../…../20…..** |
| **WORK CONDUCTED:**  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ……………………………………………………………………………………………….. |
| The student performed the above-mentioned activities in our institution.  Authorized Approval  Name Surname / Signature |

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| **PROFESSIONAL PRACTICE ACTIVITIES**  **WEEK 3 …../…../20…..** |
| **WORK CONDUCTED:**  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ……………………………………………………………………………………………….. |
| The student performed the above-mentioned activities in our institution.  Authorized Approval  Name Surname / Signature |

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| **PROFESSIONAL PRACTICE ACTIVITIES**  **WEEK 4 …../…../20…..** |
| **WORK CONDUCTED:**  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ……………………………………………………………………………………………….. |
| The student performed the above-mentioned activities in our institution.  Authorized Approval  Name Surname / Signature |

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| **PROFESSIONAL PRACTICE ACTIVITIES**  **WEEK 5 …../…../20…..** |
| **WORK CONDUCTED:**  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ……………………………………………………………………………………………….. |
| The student performed the above-mentioned activities in our institution.  Authorized Approval  Name Surname / Signature |

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| **PROFESSIONAL PRACTICE ACTIVITIES**  **WEEK 6 …../…../20…..** |
| **WORK CONDUCTED:**  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ……………………………………………………………………………………………….. |
| The student performed the above-mentioned activities in our institution.  Authorized Approval  Name Surname / Signature |

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| **PROFESSIONAL PRACTICE ACTIVITIES**  **WEEK 7 …../…../20…..** |
| **WORK CONDUCTED:**  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ……………………………………………………………………………………………….. |
| The student performed the above-mentioned activities in our institution.  Authorized Approval  Name Surname / Signature |

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| **PROFESSIONAL PRACTICE ACTIVITIES**  **WEEK 8 …../…../20…..** |
| **WORK CONDUCTED:**  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ……………………………………………………………………………………………….. |
| The student performed the above-mentioned activities in our institution.  Authorized Approval  Name Surname / Signature |

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| **PROFESSIONAL PRACTICE ACTIVITIES**  **WEEK 9 …../…../20…..** |
| **WORK CONDUCTED:**  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ……………………………………………………………………………………………….. |
| The student performed the above-mentioned activities in our institution.  Authorized Approval  Name Surname / Signature |

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| **PROFESSIONAL PRACTICE ACTIVITIES**  **WEEK 10 …../…../20…..** |
| **WORK CONDUCTED:**  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ……………………………………………………………………………………………….. |
| The student performed the above-mentioned activities in our institution.  Authorized Approval  Name Surname / Signature |

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| **PROFESSIONAL PRACTICE ACTIVITIES**  **WEEK 11 …../…../20…..** |
| **WORK CONDUCTED:**  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ……………………………………………………………………………………………….. |
| The student performed the above-mentioned activities in our institution.  Authorized Approval  Name Surname / Signature |

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| **PROFESSIONAL PRACTICE ACTIVITIES**  **WEEK 12 …../…../20…..** |
| **WORK CONDUCTED:**  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ……………………………………………………………………………………………….. |
| The student performed the above-mentioned activities in our institution.  Authorized Approval  Name Surname / Signature |

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| **PROFESSIONAL PRACTICE ACTIVITIES**  **WEEK 13 …../…../20…..** |
| **WORK CONDUCTED:**  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ……………………………………………………………………………………………….. |
| The student performed the above-mentioned activities in our institution.  Authorized Approval  Name Surname / Signature |

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| **PROFESSIONAL PRACTICE ACTIVITIES**  **WEEK 14 …../…../20…..** |
| **WORK CONDUCTED:**  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ……………………………………………………………………………………………….. |
| The student performed the above-mentioned activities in our institution.  Authorized Approval  Name Surname / Signature |

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| **PROFESSIONAL PRACTICE ACTIVITIES**  **WEEK 15 …../…../20…..** |
| **WORK CONDUCTED:**  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ……………………………………………………………………………………………….. |
| The student performed the above-mentioned activities in our institution.  Authorized Approval  Name Surname / Signature |

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| **PROFESSIONAL PRACTICE ACTIVITIES**  **WEEK 16 …../…../20…..** |
| **WORK CONDUCTED:**  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ………………………………………………………………………………………………..  ……………………………………………………………………………………………….. |
| The student performed the above-mentioned activities in our institution.  Authorized Approval  Name Surname / Signature |

DAYS OFF

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| 1) …../…../20…..  Authorized Approval  Name Surname / Signature | **VALID EXCUSE**  ……………………………………………  ……………………………………………  ……………………………………………  ……………………………………………  …………………………………………… |
| 2) …../…../20…..  Authorized Approval  Name Surname / Signature | **VALID EXCUSE**  ……………………………………………  ……………………………………………  ……………………………………………  ……………………………………………  …………………………………………… |
| 3) …../…../20…..    Authorized Approval  Name Surname / Signature | **VALID EXCUSE**  ……………………………………………  ……………………………………………  ……………………………………………  ……………………………………………  …………………………………………… |

**PERFORMANCE EVALUATION FORM BY UNIT**

|  |  |
| --- | --- |
| ***Student’s;*** | ***Score*** |
| Interest and Willingness to Work **(10)** |  |
| [Perceptivity](https://www.seslisozluk.net/perceptivity-nedir-ne-demek/) **(10)** |  |
| Sense of Responsibility **(10)** |  |
| Speed At Work **(10)** |  |
| Effective Time Management Skill **(10)** |  |
| Problem Solving Ability **(10)** |  |
| Communication Skills **(10)** |  |
| Observance of / Corporate Conduct **(10)** |  |
| Teamwork Skills **(10)** |  |
| Absenteeism / Continuity **(10)** |  |
| TOTAL |  |

Authorized By:

Name: Surname: Title : Date:

**Signature /Stamp**

**PERFORMANCE EVALUATION FORM BY LECTURER**

|  |  |
| --- | --- |
| ***Student’s;*** | ***Score*** |
| Interest and Willingness to Work **(10)** |  |
| [Perceptivity](https://www.seslisozluk.net/perceptivity-nedir-ne-demek/) **(10)** |  |
| Sense of Responsibility **(10)** |  |
| Speed At Work **(10)** |  |
| Effective Time Management Skill **(10)** |  |
| Problem Solving Ability **(10)** |  |
| Communication Skills **(10)** |  |
| Observance of / Corporate Conduct **(10)** |  |
| Teamwork Skills **(10)** |  |
| Absenteeism / Continuity **(10)** |  |
| TOTAL |  |

Authorized By:

Name:

**Signature /Stamp**

Surname: Title : Date:



Cihangir District Şehit Jandarma Komando Er Hakan Öner Street. No:1 Avcılar / İSTANBUL Telephone: 0212 422 70 00 Fax: 0212 422 74 01

[**bilgi@gelisim.edu.tr**](mailto:bilgi@gelisim.edu.tr) [**www.gelisim.edu.tr**](http://www.gelisim.edu.tr/)