



SUMMER INTERNSHIP BOOK FILLING GUIDELINE

You can access the Compulsory Internship Book from the link below. Click on the “**Compulsory Internship Book**” on the page and download the notebook to your computer.

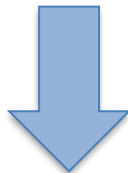
<https://oidb.gelisim.edu.tr/en/administrative-content-intern>

- The entire notebook must be filled **daily** with a **blue pen** and *handwriting*. Everyone who is a student of the Department of Nutrition and Dietetics (ENGLISH) must fill the notebook **in English**.
- Please make sure your document includes **our new university logo**.
- **Page 2-3-4-5-6-7** must be printed as well, these pages include information about the internship and notebook design, and rules and regulations to be followed are included.

PAGE 1:

- **The first page of the notebook** must be filled **with handwriting and a blue pen**.
- **The faculty** must be “**Faculty of Health Sciences**”.
- **Class:** If you are in the summer term of the 3rd year, you should write 3rd grade. If you are in the summer term of the 2nd year, you must write 2nd grade.
- **The information of the internship institution** must be filled in without any missing information.

Here is an example for Page 1.





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Faculty of Health Sciences
Nutrition and Dietetics English Track



Please Make sure
your documents
includes our new
university logo!

T.R.

ISTANBUL GELİSİM UNIVERSITY

20.../20... Academic Year

2023/2024

Student Internship File

STUDENT'S

NAME-SURNAME:

ZEYNEP BULUT

SCHOOL NUMBER

150501033

FACULTY / VOCATIONAL SCHOOL: Faculty of Health Sciences

DEPARTMENT / PROGRAM:

Nutrition and Dietetics (ENG)

GRADE:

2nd / 3rd Grade

if you're in the summer
term of the 3rd year,
you must specify 3rd grade.
Same as 2nd grade.

EMPLOYER'S:

NAME:

Nilay YILDIZ

ADDRESS:

Cihangir Mah. Grazi Sok

CONTACT INFORMATION

0212

Employer's information
must be filled without
any missing information!



PAGE 8:

Istanbul Gelisim University Student Internship Data Sheet must be filled. This page includes 3 different parts:

- **The first part** of the page must be filled by the student with a blue pen and handwriting.
- **The second part** belongs to your internship institution. After writing the start and end date of your internship, you should add your “number of days worked” as **30** workdays.
- The “Evaluation” part on the right side of the second part belongs to your internship institution.
- After filling in the name and address of the institution correctly, the name-surname and position and date should be filled in and signed by your internship institution dietitian. Scoring should be done on the 30th day (last day) of your internship.
- The Approval/Stamp section on the right must be filled. **PLEASE DON'T FORGET THE SIGNATURE AND STAMP!**
- **The third part** of this page belongs to the internship committee. That means this part will be filled by your lecturer at IGU. **PLEASE KEEP 3rd PART EMPTY!**

Here is an example for Page 8.





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UNİVERSİTESİ

İSTANBUL GELİŞİM UNIVERSITY STUDENT INTERNSHIP DATA SHEET

1. To be filled in by the student.

Student's	Name - Surname		TR. ID No.	
	Faculty/HS/VS	Faculty of Health Sciences	Department/Program	Nutrition and Dietetics (ENG)
	Student No		Duration of the Internship	30 Work Days
			1st Group Internship	☐ 2nd Group Internship ☐

must be filled by Student with a blue pen and handwriting.

it can be left empty.

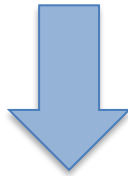
2. The part to be filled by the internship institution (*)

Student's	Start Date of Internship	.../.../20...	EVALUATION	A	B	C	D	E
	Date of Completion of Internship	.../.../20...	Attendance at Work					
	Number of Days Worked	30 Work Days	Diligence					
	Days Off	 Work Days	Behavior towards his/her superiors and colleagues					
			Overall Success Status					
			A-Very Good; B-Good; C-Moderate; D-Pass; E- Fail					
Institution Name								
Address								
Document Approved By	Name - Surname		Approval / Stamp					
	Position							
	Date							
	Signature							

belongs to your internship supervisor!

must be done on the 30th day (last day) of your internship!

Don't forget the Stamp!





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3. The part to be filled by the internship committee

→ This part will be filled by your lecturer at IGU!

EVALUATION		A	B	C	D	E
Institution Executive's Evaluation	Overall Success Status in Internship					
Internship Committee Evaluation	Arranging the Record Book					
	Examination of the Issues					
	Conclusion					
A-Very Good; B-Good; C-Moderate; D-Pass; E- Fail						

Committee Members		Signature	INTERNSHIP COMMITTEE DECISION working days have been accepted. .../.../20...
Name - Surname			
Name - Surname			
Name - Surname			

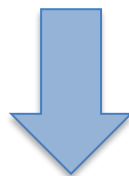
→ KEEP 3RD PART EMPTY!

8

PAGE 9 - 38:

- After this page, the notebook contains "STUDENT'S DAILY WORK REPORT" pages for each day. During the 30 days of internship, daily work must be noted on these pages.
- These pages must fill **with a blue pen and handwriting**.
- The signature/stamp section at the bottom of each day should be stamped and signed by your **internship institution dietitian**.
- **Stamp and signature must be together!**

Here is an example for STUDENT'S DAILY WORK REPORT".





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Faculty of
Health Sciences



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STUDENT'S DAILY WORK REPORT

1. Work Day

Date :
Subject of the Work :

must be filled with a blue pen and handwriting!

About the content:

- The routine works seen that day can be reported. "For example; Today, 10 weight loss patients came to Yıldız Hospital. 5 patients came for weight gain." There must be a few sentences with short details.
- The diet list of one patient seen that day can be given as an example.
- If a case is seen, it can give an example of a case.
- If an assignment/homework has been given by the internship supervisor, the assignment can be explained.
- Daily menu list can be written for those who do internships in the kitchen.
- All these can be given together, like case + homework etc.
- The passive structure should be used while reporting. "For example, A diabetic patient **was told** about the discharge diet today."
- Note: In the evaluation part, the fullness of the content will be considered rather than the fullness of the page!!

THE CONTROLLING EXECUTIVE'S

NAME-SURNAME	POSITION - TITLE	SIGNATURE-SEAL (Stamp)

by your internship supervisor!

Stamp and signature must be together. We need both of them!



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LAST PAGE:

- In the last page of the notebook, there is your attendance report for the internship.
- Internship dates must be filled for 30 days.
- At the bottom of the document, there is the signature/stamp part for your **internship institution dietitian**. This part should be stamped and signed by the internship **institution dietitian** to confirm that you went to the internship on the dates you filled out.



INTERN STUDENT FOLLOW-UP CHART

Sequence No	Internship Dates	Sequence No	Internship Dates	Sequence No	Internship Dates
1	/20...	21	/20...	41	/20...
2	/20...	22	/20...	42	/20...
3	/20...	23	/20...	43	/20...
4	/20...	24	/20...	44	/20...
5	/20...	25	/20...	45	/20...
6	/20...	26	/20...	46	/20...
7	/20...	27	/20...	47	/20...
8	/20...	28	/20...	48	/20...
9	/20...	29	/20...	49	/20...
10	/20...	30	/20...	50	/20...
11	/20...	31	/20...	51	/20...
12	/20...	32	/20...	52	/20...
13	/20...	33	/20...	53	/20...
14	/20...	34	/20...	54	/20...
15	/20...	35	/20...	55	/20...
16	/20...	36	/20...	56	/20...
17	/20...	37	/20...	57	/20...
18	/20...	38	/20...	58	/20...
19	/20...	39	/20...	59	/20...
20	/20...	40	/20...	60	/20...

The student whose identity is written above.....has completed the internship work for a total of..... work days between the dates of 20...../20..... with

Workplace Supervisor (Signature-Seal-Stamp)

Both signature and stamp are needed!