

***ATD 390 INTERNSHIP REPORT***

**(Student Name-Surname)**

**(Student ID)**

**(Faculty / Department)**

**(COMPANY)**

***(INTERNSHIP START-END DATES)***

**ATD 390 INTERNSHIP COURSE - INTERNSHIP REPORT**

After completing the internship, the student must prepare an internship report of not less than 6 pages in English, considering the reports prepared at the end of 30 (thirty) working days. The report to be prepared consists of the following sections:

1. COVER PAGE

* The student's name, surname, student number, department, the title of the company, the start and end dates of the internship.

2. INFORMATION ABOUT THE SECTOR OF THE COMPANY

* General information about the company and the sector. Should be addressed with references (website, sectoral reports).
* The situation of the sector of the company in the world and in Turkey.
* The company's position in the industry

3. INFORMATION ABOUT THE COMPANY

* Company's mission and vision
* Company short term and long-term objectives
* Company organization chart
* Company’s marketing mix elements

4. INTERNSHIP ACTIVITIES

* The department (or departments) where the student completed the internship, work done, meetings or seminars attended.

5. SELF-ASSESSMENT

* The contribution of the internship to the student, relevance of the courses taken, whether the student will work in that company after graduation or in which department the student prefers to work, student’s strengths and weaknesses according to the experience.

6. CONCLUSION

* General assessment of the internship. Was it an experience in line with the student's expectations? Would the student recommend the same company to his friends for internship?

### ÇALIŞILAN DEPARTMANLARLA İLGİLİ BİLGİLER / INFORMATION ABOUT THE DEPARTMENTS IN WHICH THE STUDENT HAS WORKED

|  |  |  |  |
| --- | --- | --- | --- |
| **BERABER ÇALIŞILAN YETKİLİ KİŞİ (KİŞİLERİN) SOYADI, ADI** **(LAST NAME, NAME (s) OF THE RESPONSIBLE PERSON(s)).**  | **DEPARTMAN****(DEPARTMENT)** | **ÇALIŞILAN DÖNEM (INTERNSHIP PERIOD)** | **ÇALIŞILAN TOPLAM GÜN SAYISI (TOTAL NUMBER OF WORK DAYS)**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**ÖĞRENCİNİN SOYADI VE ADI / (Last Name & Name) :**

**ÖĞRENCİ NUMARASI / (Student’s Registration Number) :**

**YTÜ/ BÖLÜMÜ / (Student’s Department) :**

**ÖĞRENCİNİN İMZASI / (Signature of The Student) :**

**STAJ BAŞLANGIÇ TARİHİ / (Beginning Date) : XX/XX/XXXX**

**STAJIN BİTİŞ TARİHİ / (Ending Date) : XX/XX/XXXX**

**İŞYERİNİN ÜNVANI VE ADRESİ (Name & Address Of Institution) :**

**İŞYERİNDEKİ YETKİLİ KİŞİNİN ADI VE SOYADI / DEPARTMANI / TELEFON NO.**

**(Full Name Of The Responsible Person, Dept. & Tel. No.) :**

**YETKİLİ KİŞİNİN GÖREVİ: (Position Of The Responsible Person) :**

**YETKİLİ KİŞİNİN İMZASI VE MÜHÜRÜ: ( Signature & Stamp) :**