

Name of Internship Employer

Date

Dear Sir or Madam,

We would be most grateful for your assistance in welcoming Final International University students to your organisation for the purpose of completing an internship as part of their degree program.

Final International University (FIU) was founded in 2015 by The Final Educational Group and DMG-Akgünler. Both partners are actively seeking to provide as many job opportunities to FIU graduates as possible, and our university is committed to ensuring that graduates have all the knowledge and skills required for success in the twenty-first century working environment. In this regard the provision of a rich and valuable internship experience is of immense value and assistance to our students. Through their internship program, our students are expected to observe, participate and reflect on the challenging world of employment. In line with our University Learning Outcomes, interns are expected to consciously work on improving:

* *Communication skills*
* *Analytic, critical thinking and problem solving skills*
* *Planning, implementing and evaluating skills*
* *Initiative and autonomy*
* *Team-work and collaboration skills*
* *Responsibility and commitment to quality*
* *Understanding of professional ethics and civic and social responsibilities*
* *Technological skills.*

The support and assistance of the employer-supervisor in tandem with the relevant FIU advisor is greatly appreciated in this endeavour.

Please find attached details of the student concerned, the internship assessment criteria, and employer-advisor logbook. Our internship advisors will be only too happy to assist you should you have any further questions.

Best Wishes,

-------------------------------------------- (signature)

-------------------------------------------- (academic rank, name)

Dean / Director of Engineering Faculty

Final International University

E-mail: orhan.gemikonakli@final.edu.tr



Photo

**Internship Request Form**

|  |  |
| --- | --- |
| Student Name: |  |
| Student Number: |  |
| Date of Birth: |  |
| Nationality: |  |
| Address: |  |
| E-mail andTelephone Number: |  |
| Faculty / School and Degree Program: |  |
| Year of Study: |  |
| Professional Interests and Skills: |  |
| Advisor (FIU):E-Mail: |  |
| Employment Supervisor:(When allocated): |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, would like to complete my internship with your organisation / company. An internship of minimum 30 consecutive working days outside the school semester dates is a prerequisite for graduation.

If you can offer me a place, the internship will provide me with valuable practical knowledge and experience prior to graduation. I appreciate your assistance and support and undertake to fulfil all my responsibilities to the best of my abilities.

Thank you for your time and consideration.

Yours sincerely,

------------------------------------- (student signature)

------------------------------------- (date)

Approved by ------------------------------------------------------ (FIU Advisor)

---------------------------- (FIU Advisor signature) ------------------------------------- (date)



**EMPLOYER EVALUATION OF INTERN PERFORMANCE**

Date:

Dear Employer / Supervisor,

We would like to thank you once more for so generously hosting Final International University students. We would be most grateful if you could also complete the attached evaluation form. This will provide us with valuable feedback that will help us evaluate our students’ performance and provide them with further advice for future improvements.

In completing the form, please grade the student according to the following scale:

1: Did not meet requirements

2: Below average in satisfying requirements

3: Satisfied requirements

4: Above average in satisfying requirements

5: Outstanding / exceptional performance.

N/A: Not possible to assess due to lack of information / applicability.

We thank you again for your assistance.

|  |  |
| --- | --- |
| Name and Surname of the Employer-Supervisor: |  |
| Name of the Business and Field of Activity: |  |
| Address: |  |
| Telephone Number: |  | E-mail: |  |
| Name and Surname of Student: |  |
| Internship Dates: | Start: |  | Finish: |  |



**EVALUATION OF STUDENT PERFORMANCE BY EMPLOYER-SUPERVISOR**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| During the internship, the student demonstrated: | **5** | **4** | **3** | **2** | **1** | **N/A** |
| 1. **Professional responsibility** (e.g. attendance, dress, awareness of and adherence to workplace regulations).
 |  |  |  |  |  |  |
| 1. **Professional ethics and social and civic responsibilities** (awareness of ethical and social areas of relevance to the field and to the workplace, and to behaviour and conduct in professional life more generally).
 |  |  |  |  |  |  |
| 1. **Professional autonomy** (able to work independently, take initiative, self-organize and generally work well with minimum support and supervision).
 |  |  |  |  |  |  |
| 1. **Time Management Skills (**timelytask completion, distribution and prioritising of time, punctuality, etc.)
 |  |  |  |  |  |  |
| 1. **Teamwork Skills** (working harmoniously with others, interacting positively and constructively with colleagues etc.)
 |  |  |  |  |  |  |
| 1. **Communication Skills** (able to convey ideas and suggestions, understand instructions, respond to questions and instructions in a professional manner).
 |  |  |  |  |  |  |
| 1. **Analytic, critical thinking and problem-solving skills** (able to evaluate and respond to day-to-day work related issues and problems with original insights based on evidence and date, and make relevant proposals)
 |  |  |  |  |  |  |
| 1. **Technical Knowledge and Skills** (as relevant to the field in general and the workplace in specific and showing the ability to transfer classroom learning into work environment).
 |  |  |  |  |  |  |
| 1. **Continuous learning and development** (desire and interest to learn more about the field, the organisation, and develop higher levels of knowledge and skills).
 |  |  |  |  |  |  |
| 1. **Overall Assessment**
 |  |  |  |  |  |  |
| **Further Comments and Recommendations** |

**Employer Supervisor Name and Signature:**

**Date:**

*At the end of the internship, this form should be completed and given to the student in a sealed envelope and / or signed, scanned and e-mailed to the student’s academic advisor.*