I.T.U. FACULTY OF CHEMICAL AND

METALLURGICAL ENGINEERING

STUDENT’S

Faculty No :………………………………………………..

Internship Type :………………………………………………..

Name, Surname :………………………………………………..

Department : ……………………………………………….

INTERNSHIP PERIOD

Starting date

Ending date

Total working days

:…………………………………………..

:…………………………………………..   
:…………………………………………..

INTERNSHIP COMMITTEE

(Date and Signature )

Dates: From…………..........To…………………. 1 Week Study

Days Studies Performed Page number Hours

related to work done

Monday

Tuesday

Wednesday   
Thursday  
Friday

Saturday

Signature of authorized person Total hours:

Dates: From…………..........To…………………. 1 Week Study

Days Studies Performed Page number Hours

related to work done

Monday

Tuesday

Wednesday   
Thursday

Friday

Saturday

Signature of authorized person Total hours:

Dates: From…………..........To…………………. 1 Week Study

Days Studies Performed Page number Hours

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Days Studies Performed Page number Hours

related to work done

Monday

Tuesday

Wednesday   
Thursday  
Friday

Saturday

Signature of authorized person Total Hours:

TECHNICAL REPORT

1) OVERVIEW OF THE WORKPLACE

Name and Address of the Company :…………………………………………………………….

General Manager :-Name: ………………………………………………….

:-Profession: ………………………………………………

:-Tel No : ……………………Fax No:………………….

2)INFORMATION ABOUT THE PRODUCTS

Amount of product manufactured (year) :……………………………………………………………

Amount exported (year) and the :……………………………………………………………

first 5 countries products are exported

Raw materials used in production :……………………………………………………………

Use of capacity (%) :……………………………………………………………

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TECHNICAL REPORT

3) INFORMATION ABOUT THE ENTERPRISE : In this section information will be given about

the enterprise concerning its a) short history, b) sections, c) names of basic equipments, d) number

and specifications of the staff, e) total and closed area (m2) and f) problems encountered.

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Page No………..

The works performed during internship will be described in detail. There is no page limit.

NAME, STAMP AND SIGNATURE OF THE ADMINISTRATOR IN CHARGE

Administrator’s Name, Surname Title Date and Signature