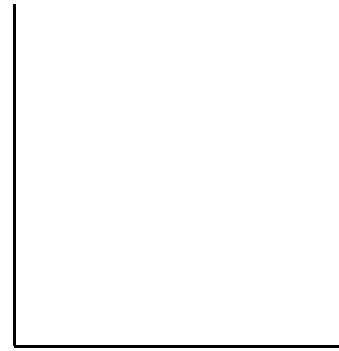


I.T.U. FACULTY OF CHEMICAL AND
METALLURGICAL ENGINEERING



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 related to work done	Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Signature of authorized person		Total hours:	

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

Days	Studies Performed	Page number related to work done	Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Signature of authorized person		Total hours:	

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

Days	Studies Performed	Page number related to work done	Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Signature of authorized person		Total Hours:	

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

Days	Studies Performed	Page number related to work done	Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Signature of authorized person		Total hours:	

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

Days	Studies Performed	Page number related to work done	Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Signature of authorized person		Total hours:	

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

Days	Studies Performed	Page number related to work done	Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Signature of authorized person		Total Hours:	

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.

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