



INDUSTRIAL ENGINEERING
INTERNSHIP REPORT



FBÜ
FENERBAHÇE ÜNİVERSİTESİ

Picture

Student Details

Student Number		
Name,Surname		
Department (for double major (ÇAP) students 1st Program)		
Latest enrolled term (4/5/6/7/8)		
Cell Phone		
Address		
Internship Type	Production <input type="checkbox"/>	Management <input type="checkbox"/>
Internship Official Starting Date		
Internship Official Ending Date		
Total Number of Internship Days Worked (excluding Saturdays, Sundays, and public holidays)		

Internship Company Information

Commercial Title	
Address	
Phone Number	
Fax Number	
Web Page	
Signature of the Internship Supervisor and Company Seal	

Internship Committee Review

	Name, Surname	Signature	Date
Chairman			
Member			
Member			



DATE		WORK DAY	
DEFINITION/NAME OF THE JOB DONE			

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Name, Surname, Position of the Internship Supervisor	Signature and Seal