**BOĞAZİÇİ UNIVERSITY**

**FACULTY OF MANAGERIAL SCIENCES**

**MANAGEMENT INFORMATION SYSTEM DEPARTMENT**

**COMPANY EVALUATION FORM**

**(will be filled by the student after the internship)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Name-Surname** |  | | |  |
|  |  |  |
| **Company Name** |  | | |  |
| **Adress of the Company** |  | | |  |
| **Sector of the Company** |  | | |  |
| **Number of Employees** |  | | |  |
| **Number of Interns** |  | | |  |
| **Company’s System Specifications:**   * **Hardware** * **Software** * **Network** |  | | |  |
| **Description of the Training Program / Project** |  | | |  |
| **Interest of the Personnel for the Intern** |  | | |  |
| **Contribution of the Company** |  | | |  |
| **Would you recommend the company for the internship?** |  | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | |  |
| **Date** | **…./…../…..** |  |  |

***When you submit your form with your Internship Ledger, you must attach a photocopy of your insurance form, which you must obtain from the department and hand it over to the business before the internship begins.***