

İZMİR KONAK VOCATIONAL SCHOOL





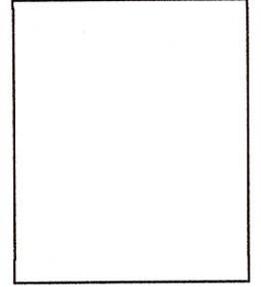
20... - 20... ACADEMIC YEAR

STUDENT'S

Full Name :

Program :

Student :
no.



ABOUT THE WORKPLACE/INSTITUTION

Name - Title :

Address :

Contact no. :

ABOUT THE TRAINING SUPERVISOR

Full name :

Function :

DAILY INTERNSHIP JOURNAL

Starting Date	:	
Ending Date	:	
Number of Work Days	:	
Date	:	
Scope of Work		
Authorised Person		
Full Name:		
Function and Signature:		

Please fill out accordingly with the items listed in the Internship Directive.

STUDENT INTERN ATTENDANCE SCEDULE

STUDENT'S;

Full Name :
 Program :
 me
 Student :
 No.

01	..... / ..... / 20.....	26	..... / ..... / 20.....
02	..... / ..... / 20.....	27	..... / ..... / 20.....
03	..... / ..... / 20.....	28	..... / ..... / 20.....
04	..... / ..... / 20.....	29	..... / ..... / 20.....
05	..... / ..... / 20.....	30	..... / ..... / 20.....
06	..... / ..... / 20.....	31	..... / ..... / 20.....
07	..... / ..... / 20.....	32	..... / ..... / 20.....
08	..... / ..... / 20.....	33	..... / ..... / 20.....
09	..... / ..... / 20.....	34	..... / ..... / 20.....
10	..... / ..... / 20.....	35	..... / ..... / 20.....
11	..... / ..... / 20.....	36	..... / ..... / 20.....
12	..... / ..... / 20.....	37	..... / ..... / 20.....
13	..... / ..... / 20.....	38	..... / ..... / 20.....
14	..... / ..... / 20.....	39	..... / ..... / 20.....
15	..... / ..... / 20.....	40	..... / ..... / 20.....
16	..... / ..... / 20.....	41	..... / ..... / 20.....
17	..... / ..... / 20.....	42	..... / ..... / 20.....
18	..... / ..... / 20.....	43	..... / ..... / 20.....
19	..... / ..... / 20.....	44	..... / ..... / 20.....
20	..... / ..... / 20.....	45	..... / ..... / 20.....
21	..... / ..... / 20.....	46	..... / ..... / 20.....
22	..... / ..... / 20.....	47	..... / ..... / 20.....
23	..... / ..... / 20.....	48	..... / ..... / 20.....
24	..... / ..... / 20.....	49	..... / ..... / 20.....
25	..... / ..... / 20.....	50	..... / ..... / 20.....

The student identified above has completed days of internship in total between the dates / / 20... and / / 20... .

AUTHORIZED PERSON AT THE
 WORKPLACE/INSTITUTION (Signature and Stamp)