

# IZMIR KAVRAM VOCATIONAL SCHOOL



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# IZMIR KAVRAM VOCATIONAL SCHOOL

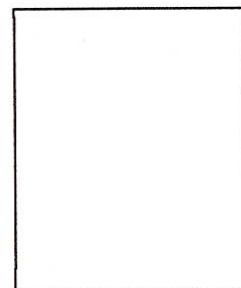
20... - 20... ACADEMIC YEAR

## 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

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

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)