

**HACETTEPE UNIVERSITY**  
**FACULTY OF ENGINEERING**  
**ENVIRONMENTAL ENGINEERING DEPARTMENT**  
**INTERNSHIP ESTABLISHMENT OR INSTITUTION EVALUATION FORM**

**STUDENTS**

**NAME & SURNAME :**  
**STUDENT NUMBER :**  
**INTERNSHIP START DATE :**  
**INTERNSHIP END DATE :**  
**INTERNSHIP DURATION (WORKING DAYS) :**

**ESTABLISHMENT / INSTITUTION**

**NAME :**  
**ADDRESS :**  
**TELEPHONE :**  
**FAX :**  
**WEB SITE ADDRESS :**

I would appreciate if the establishment/organization with information provided above is evaluated for eligibility for the compulsory internship program within CEV 310/CEV 410 courses. Required documents (such as organization profile, the products, waste treatment processes) for evaluation of the establishment/organization are attached.

**Signature:**

**Date:**