

**BILKENT UNIVERSITY**

**DEPARTMENT OF MOLECULAR BIOLOGY AND GENETICS**

**ANKARA-TURKEY**

## Specific Requirements for the Summer Internship MBG 391

The student will perform a summer internship/training/practice at a private, educational or governmental institution/agency/hospital related to issues and potential jobs in the field of molecular biology and genetics. The minimum time required for the internship is 30 workdays. Note: All course requirements apply to online/remote internships as well.

Upon completion of the internship, supervisor/mentor/principal investigator at the host institute is expected to fill out, sign, date **the Intern Evaluation Form (below)** and sign and date **the Weekly Activity Report (provided separately).** He/she will then e-mail the scanned documents to MBG 391 course coordinator at Bilkent University MBG department during student’s course enrollment semester. If they are sent by fax or mail, an official institutional stamp is also required.

Important Note:

The student is responsible for presenting the necessary documents to his/her internship supervisor and making sure that they are submitted on time.

Signed evaluation form and weekly activity report will be sent directly to MBG 391 course coordinator at Bilkent University MBG department by the supervisor himself/herself. The e-mail address is: dilan.birand@bilkent.edu.tr.

The internship will not be accepted for MBG 391 course if the necessary documents are not submitted to Bilkent University MBG department in a timely manner during enrollment semester. The described procedure is exactly the same if student’s internship was performed in a previous year’s summer.

**INTERN EVALUATION FORM FOR MBG 391**

**Evaluation:** The intern’s supervisor is expected to submit a final evaluation of his/her work directly to Bilkent University MBG department. E-mail is the standard and preferred method.

**E-mail Address:** dilan.birand@bilkent.edu.tr

**MBG Department Contact Information for Inquiries:**

Administrative Assistant Yildiz Kahyaoglu

Department of Molecular Biology and Genetics

Bilkent University

TR-06800 Ankara-Turkey

Phone: +90 312 290 22 40

Fax: **+**90 312 266 50 97

**Intern & Internship Information:**

**Note:** The below part on this page may be filled out by the intern for convenience. The rest of the form must be filled out, approved, signed and e-mailed by the internship supervisor/mentor/principal investigator.

Intern’s Name-Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intern’s Bilkent Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intern’s E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Intern’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Title of Internship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name-Surname of the Supervisor:

Name of the Institute/University/Department:

Internship Start Date: Internship End Date:

Days present: Days absent:

**EVALUATION OF INTERN'S PERFORMANCE**

Use a numerical rating to answer each question on a scale of one to five, **with five being the highest and one being the lowest grade.**

**Evaluation Questions Rating**

1. The ability of the intern to learn and adapt to each assignment. 1  2  3  4  5

2. The speed at which the intern completes each assignment. 1  2  3  4  5

3. The ability of the intern to perform without direct supervision. 1  2  3  4  5

4. The ability of the intern to interact favorably with other people. 1  2  3  4  5

5. The honesty of the intern. 1  2  3  4  5

6. The ability of the intern to pay attention to details. 1  2  3  4  5

7. The degree of inquisitiveness expressed by the intern. 1  2  3  4  5

8. The OVERALL evaluation of the intern. 1  2  3  4  5

**Please comment on the intern’s performance (attach an additional sheet if necessary):**

**Approval of Intern’s Supervisor/Mentor/Principal Investigator:**

**Name and Surname:**

**Position:**

**Phone (With international code):**

**Fax (With international code):**

**E-mail address:**

**Address:**

**Signature: Date:**

**THIS FORM HAS TO BE STAMPED BY AN OFFICIAL IF IS SENT BY FAX OR MAIL**