



**Eastern
Mediterranean
University**
"Virtue, Knowledge, Advancement"

TURİZM FAKÜLTESİ / FACULTY OF TOURISM

STAJ KAYIT DEFTERİ / INTERNSHIP LOG BOOK

İşletmenin Adı / Name of the Establishment

Öğrenci Bilgileri / Student's Information

İsim/Name:

Öğrenci No/Student No:

Staj/Internship I

Staj/Internship II

CAVI100

GAST 200

CULA 100

THRM200

GAST 100

PAST 100

THRM 100



INTERNSHIP/ INFORMATION FORM

Name of Intern/Student:

Academic Program:

Academic Semester:

Academic Year:

Permanent Address:

Phone Number:

Internship Advisor:

Student Job Title:

Divisions and Departments:

Duties and Responsibilities:

Name of the Establishment:

Address:

Phone / Mail Address:

Name of the Employer / General
Manager:

Name of the Human Resources
Manager:

Date Started:

Date Ended:

Color Passport
Photo

Stamp & Signature
of Hosting
Company

INTERNSHIP LOG BOOK

Week 1

Name of Intern/Student: _____

Academic Program: _____

Name of the Supervisor: _____

Signature of the Supervisor and Date: _____

Days	Hours	Duties Accomplished
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Please describe your learning outcomes or any problems you may have experienced.

INTERNSHIP LOG BOOK

Week 2

Name of Intern/Student: _____

Academic Program: _____

Name of the Supervisor: _____

Signature of the Supervisor and Date: _____

Days	Hours	Duties Accomplished
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Please describe your learning outcomes or any problems you may have experienced.

INTERNSHIP LOG BOOK

Week 3

Name of Intern/Student: _____

Academic Program: _____

Name of the Supervisor: _____

Signature of the Supervisor and Date: _____

Days	Hours	Duties Accomplished
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Please describe your learning outcomes or any problems you may have experienced.

INTERNSHIP LOG BOOK

Week 4

Name of Intern/Student: _____

Academic Program: _____

Name of the Supervisor: _____

Signature of the Supervisor and Date: _____

Days	Hours	Duties Accomplished
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Please describe your learning outcomes or any problems you may have experienced.

INTERNSHIP LOG BOOK

Week 5

Name of Intern/Student: _____

Academic Program: _____

Name of the Supervisor: _____

Signature of the Supervisor and Date: _____

Days	Hours	Duties Accomplished
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Please describe your learning outcomes or any problems you may have experienced.

INTERNSHIP LOG BOOK

Week 6

Name of Intern/Student: _____

Academic Program: _____

Name of the Supervisor: _____

Signature of the Supervisor and Date: _____

Days	Hours	Duties Accomplished
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Please describe your learning outcomes or any problems you may have experienced.

INTERNSHIP LOG BOOK

Week 7

Name of Intern/Student: _____

Academic Program: _____

Name of the Supervisor: _____

Signature of the Supervisor and Date: _____

Days	Hours	Duties Accomplished
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Please describe your learning outcomes or any problems you may have experienced.

INTERNSHIP LOG BOOK

Week 8

Name of Intern/Student: _____

Academic Program: _____

Name of the Supervisor: _____

Signature of the Supervisor and Date: _____

Days	Hours	Duties Accomplished
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Please describe your learning outcomes or any problems you may have experienced.

INTERNSHIP LOG BOOK

Week 9

Name of Intern/Student: _____

Academic Program: _____

Name of the Supervisor: _____

Signature of the Supervisor and Date: _____

Days	Hours	Duties Accomplished
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Please describe your learning outcomes or any problems you may have experienced.

INTERNSHIP LOG BOOK

Week 10

Name of Intern/Student: _____

Academic Program: _____

Name of the Supervisor: _____

Signature of the Supervisor and Date: _____

Days	Hours	Duties Accomplished
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Please describe your learning outcomes or any problems you may have experienced.

INTERNSHIP LOG BOOK

Week 11

Name of Intern/Student: _____

Academic Program: _____

Name of the Supervisor: _____

Signature of the Supervisor and Date: _____

Days	Hours	Duties Accomplished
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Please describe your learning outcomes or any problems you may have experienced.

INTERNSHIP LOG BOOK

Week 12

Name of Intern/Student: _____

Academic Program: _____

Name of the Supervisor: _____

Signature of the Supervisor and Date: _____

Days	Hours	Duties Accomplished
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Please describe your learning outcomes or any problems you may have experienced.

INTERNSHIP LOG BOOK

Week 13

Name of Intern/Student: _____

Academic Program: _____

Name of the Supervisor: _____

Signature of the Supervisor and Date: _____

Days	Hours	Duties Accomplished
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Please describe your learning outcomes or any problems you may have experienced.
