

## TURİZM FAKÜLTESİ / FACULTY OF TOURISM

#### HAFTALIK İŞ DENEYİMİ KAYIT DEFTERİ /

#### **WEEKLY WORK EXPERIENCE LOG BOOK**

İşletmenin Adı / Name of the Establishment

Öğrenci Bilgileri / Student's Information				
Öğrenci No/Stu	ıdent No:			
	HAFTALIK	iŞ DENEYİMİ	WEEKLY W	ORK EXPERIENCE
		GAST 191 / 192	PAST 291 / 292	
		GAST 291 / 292	THRM 191 / 292	
		GAST 391 / 392	CULA 191 / 192	
		GAST 491 / 492	DİĞER / OTHER	
		DAST 101 / 102		















# INTERNSHIP/ INFORMATION FORM

Name of Intern/Student:	
Academic Program:	Color Passport Photo
Academic Semester:	
Academic Year:	
Permanent Address:	
Phone Number:	
Internship Advisor:	
Student Job Title:	
<u>Divisions and Departments:</u>	
<u>Duties and Responsibilities:</u>	
Name of the Establishment:	
Address:	
Phone / Mail Address:	
Name of the Employer / General Manager:	Stamp & Signature
Name of the Human Resources  Manager:	of Hosting Company
Date Started:	
<u>Date Ended:</u>	

Name of Intern/Student:		
Academic Program:		
Name of the Su	upervisor:	
Signature of th	e Supervisor and Date:	
Days	Hours	Duties Accomplished
Monday	110413	Daties riccomplianed
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Please describe your learning outcomes or any problems you may have experienced.		
_		

Name of Intern/Student:		
Academic Program:		
Name of the Su	upervisor:	
Signature of th	e Supervisor and Date:	
Days	Hours	Duties Accomplished
Monday	Tiodis	Daties / teedinplished
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Please describe your learning outcomes or any problems you may have experienced.		
_		

Name of Interr	n/Student:	Week 3
Academic Program:		
Name of the Su	upervisor:	
Signature of th	e 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.		

Name of Interr	/Student:	Week 4
Academic Program:		
Name of the Su	upervisor:	
Signature of th	e Supervisor and Date:	
Davia	Llouwe	Duties Assemblished
Days	Hours	Duties Accomplished
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Please describe your learning outcomes or any problems you may have experienced.		

Name of Intern/Student:		
Academic Program:		
Name of the Su	upervisor:	
Signature of th	e Supervisor and Date:	
Days	Hours	Duties Accomplished
Monday	110013	Daties riccomplianed
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Please describe your learning outcomes or any problems you may have experienced.		

Name of Intern/Student:			
Academic Program:			
Name of the Su	upervisor:		
Signature of th	e 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.			

Name of Interr	n/Student:	Week /
Academic Program:		
Name of the Su	upervisor:	
Signature of th	e 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.		

Name of Intern/Student:			
Academic Program:			
Name of the Su	upervisor:		
Signature of th	e 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.			

Name of Intern/Student:			
Academic Program:			
Name of the Su	upervisor:		
Signature of th	e 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.			

Week 10 Name of Intern/Student: Academic Program: Name of the Supervisor: Signature of the Supervisor and Date: Hours **Duties Accomplished** Days Monday Tuesday Wednesday Thursday Friday Saturday Sunday Please describe your learning outcomes or any problems you may have experienced.

Week 11 Name of Intern/Student: Academic Program: Name of the Supervisor: Signature of the Supervisor and Date: Hours **Duties Accomplished** Days Monday Tuesday Wednesday Thursday Friday Saturday Sunday Please describe your learning outcomes or any problems you may have experienced.

Week 12 Name of Intern/Student: Academic Program: Name of the Supervisor: Signature of the Supervisor and Date: Hours **Duties Accomplished** Days Monday Tuesday Wednesday Thursday Friday Saturday Sunday Please describe your learning outcomes or any problems you may have experienced.

Week 13 Name of Intern/Student: Academic Program: Name of the Supervisor: Signature of the Supervisor and Date: Hours **Duties Accomplished** Days Monday Tuesday Wednesday Thursday Friday Saturday Sunday Please describe your learning outcomes or any problems you may have experienced.