



FACULTY OF ART DESIGN AND ARCHITECTURE

Summer Practice Evaluation Form
CONFIDENTIAL

Name and Surname of the Student :
Department and Year of the Student :
Kind of Practice, Course Code :
Name of the Company :
Starting and Ending Dates of the Practice :
Practice Period : 4 Weeks

Evaluation of Summer Practice

Department in the Company	Work Period (Days)	Performance*	Attendance*	Level of* Success
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***Please grade your evaluations from a scale of 10 (0-failure, 10-excellent)**

Date :
Evaluated by :
Title :
Signature :
Signet :

Please send the form in a sealed and signed envelope to the Faculty of Art, Design and Architecture office.

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