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

<table>
<thead>
<tr>
<th>Department in the Company</th>
<th>Work Period (Days)</th>
<th>Performance*</th>
<th>Attendance*</th>
<th>Level of* Success</th>
</tr>
</thead>
</table>

*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.

Bilkent University
Faculty of Art, Design and Architecture
06800 Bilkent ANKARA, TURKEY
Tel: 312 290 1749
Fax: 312 266 4136