MIDDLE EAST TECHNICAL UNIVERSITY  
Faculty of Engineering  
Engineering Department  
SUMMER PRACTICE PERFORMANCE  
REPORT  
1st Copy  

CONFIDENTIAL

Student's name and surname: ..............................................
Year and student number: ..............................................
Company name: .............................................................
Starting and ending dates of practice: ...................................
Minimum duration of summer practice for our department is ........ weeks.

<table>
<thead>
<tr>
<th>Department</th>
<th>Practice Duration (weeks)</th>
<th>Interest in Job</th>
<th>Attendance Grade</th>
<th>Performance Grade</th>
<th>Remarks</th>
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Grade:
A= Excellent
B= Good
C= Fair
D= Poor
F= Unsatisfactory

Name of Supervisor: ..............................................
Title of Supervisor: ..............................................
Official Stamp and Signature: .................................
Date: ..............................................................

Not: It is requested that one copy of this form be filed and sent directly to the address below and the second copy retained in your files:

Staj Komitesi Başkanlığı  
.......................................................... Mühendisliği Bölümü  
Orta Doğu Teknik Üniversitesi  
06800 Ankara Turkey