

MIDDLE EAST TECHNICAL UNIVERSITY

Faculty of Engineering

Engineering Department

SUMMER PRACTICE PERFORMANCE

REPORT

1 st Copy

Certified
Photograph
of the
Student

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.

Summer Practice Evaluation

Department	Practice Duration (weeks)	Interest in Job	Attendance Grade	Performance Grade	Remarks

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