

**Appendix 3: Summer Practice Approval Page
(Filled by Evaluating Faculty Member)**

STUDENT' s

Name :
ID Number :
Signature :

PRACTICE (300/400) : **CNG**

NAME AND ADDRESS

OF COMPANY :
.....

Starting Date :/...../.....
Completion Date :/...../.....
Total Working Days : days

**ACADEMIC STAFF WHO
EVALUATED THE PRACTICE**

Name :
Grade (S/U) :
Signature :
Date :/...../.....