

**SUMMER PRACTICE EVALUATION FORM**

**(CONFIDENTIAL)**

**Student Name** : ………………………………………………………….….…..

Photograph of student

**Company Name** : ………………………………………………………….….…..

**Company Address** : ………………………………………………………………….

**Company Phone #** : ……………………………………………….

**Starting Date** : ……/………/…………

**Completion Date** : ……/………/…………

**# of workdays** : ………… days

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Excellent****(Please comment)** | **Good** | **Satisfactory** | **Unsatisfactory****(Please comment)** |
| **Attendance** |  |  |  |  |
| **Diligence and enthusiasm** |  |  |  |  |
| **Contribution****to work environment** |  |  |  |  |
| **Overall performance** |  |  |  |  |

**Evaluation**

**Comments:**

**Supervisor’s Name:**

**Title:**

**Date:**

*Signature and Company Seal*

 Please send this form to the Summer Practice Coordinator, Dr. Bertuğ Akıntuğ. A copy of this form is expected

 to be kept in company archives.

 **By Mailing:** ODTÜ Kuzey Kıbrıs Kampusu, İnşaat Mühendisliği Programı, Güzelyurt, KKTC, Mersin 10, Turkey.

 **By email:** bertug@metu.edu.tr

 **By Student:** Please place it in a signed and sealed envelope and give it to the student.

E Mail: ncccve@metu.edu.tr