CONFIDENTIAL

Student's name and surname: ..............................................................
Program, year and student number: ......................................................
Company name: ..............................................................................
Starting and ending dates of practice: ....................................................
Minimum duration of summer practice is 4 weeks (20 working days).

<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 filled and sent directly to the
address below and the second copy retained in your files:

Middle East Technical University
Northern Cyprus Campus
Registrar's Office
Kalkanlı – Güzelyurt, KKTC
Mersin 10, Turkey