



T. C.
BURSA ULUDAĞ UNIVERSITY
FACULTY of ENGINEERING



SUMMER PRACTICE PERFORMANCE REPORT
CONFIDENTIAL

I-STUDENT

Surname and Name		Department	
Date of Birth		Number and Year	
Place of Birth		Summer Practice Group	

II-COMPANY

Name	
Address	

III- SUMMER PRACTICE DATES AND CONTENT

Beginning and end of training	
Attendance	
Content of the practice	
Was pretraining course applied? (Yes/No)	

IV- EVALUATION OF SUMMER PRACTICE

	Excellent	Good	Fair	Poor	Unsatisfactory	Remarks
Interest in Job						
Attendance						
Performance						
Responsibility						

V- SUPERVISOR OF COMPANY

Name		Official Stamp and Signature
Title		
Date of Evaluation		
Comment on Practice (Satisfactory/Unsatisfactory)		