



T.R.
ULUDAG UNIVERSITY

Approved
photo

FACULTY OF ARCHITECTURE
SUMMER PRACTICE FORM

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TO WHOM IT MAY CONCERN,

Architecture students of undergraduate program of our faculty are obliged to have summer practices during their four years education time. We appreciate that you allow the summer practice request of our student whose identity information is below for 20 working days in your institution.

NAME SIRNAME			
Faculty no		Semestr	
E-mail Address		Mobile Ph. No.	
Residence Address			

INSTITUTION

Title of the Firm				
Address of the Firm				
Service Type				
Phone No.		E-mail Address		
Date of Employment		Date of Completion		total workdays type of practice

AUTHORIZED EMPLOYER

NAME SIRNAME			
Duty and Title		Signature / stamp	
Registration number			
Graduation year			
E-MAIL Address			
Date			

IDENTITY INFORMATION OF THE STUDENT

Sirname		Other Information in Identity CARD	
Name			
Father's Name			
Mother's Name			
Birth Place			
Birth Date			
Identity Number			
Identity Card Number			

STUDENT SIGNATURE

COMMISSION APPROVAL

FACULTY APPROVAL

Date :	Date :	Date :
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Important Note : The student should have two forms signed in duplicate. One should be given to the faculty, the other should be given to the commission.



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SUMMER PRACTICE EVALUATION FORM OF WORK PLACE

I. IDENTITY INFORMATION OF THE STUDENT

NAME-SIRNAME		NUMBER	
BIRTH PLACE/DATE		DEPARTMENT	
IDENTITY NO		SEMESTER	

II. INSTITUTION INFORMATION

TITLE OF THE FIRM	
ADRESS OF THE FIRM	

III. DATE AND INCLUSION OF SUMMER PRACTICE

Dates of Employment and completion	
Number of days of discontinuity	
Department	
Was any education program conducted?	
What kind of an education program was it?	

IV. EVALUATION OF SUMMER PRACTICE

Criteria of Success	good	average	Not good	explanation
Responsibility of the student				
Success of the student				
Evaluation and learning ability				
Respectfulness				
Relations with the colleagues				
Respect to the security rules				
Level of knowledge				
Summer practice grade (100 as the total point)				

V. EVALUATOR KNOWLEDGE (ARCHITECT/CIVIL ENGINEER)

NAME SURNAME		APPROVAL stamp Autherity signature
DIPLOMA NO		
NGO Membership No		
IDENTITY No		

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NUMBER : B.30.2.ULU.0.29.10.00.504/.....

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SUBJECT : Summer Practice

TO WHOM IT MAY CONCERN

Thank you very much for your interest to support the practical education of our students in the Faculty of Architecture. The necessary forms are sent as the attachment. We kindly ask you ;

- 1- To send your approval of the student's summer practice beginning date,
- 2- To enable your staff who will be responsible of the student during the practice time to read the necessary information inside the Practice Notebook and make sure that he will show sensitivity about our necessities of the summer practices,
- 3- To inform us if the student doesn't apply to the summer practice or if he/she is unsuccessful,
- 4- To complete and give the student two forms (approval of the beginning date and evaluation form of workplace) within a stamped and sealed envelope after the date of completion of the summer practice.

Prof. Dr. Nilüfer AKINCITÜRK
Dean

Student Name-Surname

Number

Department

Attachments:

- 1-Evaluation Form of Workplace
- 2-Approval Form of the Beginning Date
- 3-Summer Practice Notebook