



T.C.
ULUDAĞ UNIVERSITY
FACULTY OF ENGINEERING-ARCHITECTURE

STUDENT ASSESSMENT FORM

I-STUDENT INFORMATIONS

Name Surname		Department	
Place/Date of Birth		Student Number	
TR Identification Number			

II-COMPANY INFORMATIONS

Name of Company	
Address	

III-DATES AND SUBJECT OF PRACTICE

Beginning and End of Practice	
Day(s) and Number(s) of Absenteeism	
Department of Practice	
Was pretraining course applied?	

IV-EVULATION OF PRACTICE

SUCCESS CRITERIA	Excellent	Fair	Unsatisfactory	Remarks (If needed)
Attention and Responsibility				
Success in doing a Job				
Interest in Learning and Research				
Behaviours Against Superiors				
Behaviours Against Colleague				
Obedience to Occupational Safety Rules				
Professional/Technical Knowledge				
Scoring (Please, Give a mark over 100 points.)				

V-ASSESOR INFORMATION (ENGINEER-ARCHITECT)

Name Surname / Position		APPROVAL Official Stamp and Signature
Title of Diploma		
Date / Signature		