

Öğrencinin Onaylı
Fotoğrafi

Certified Photograph
of the Student

Öğrencinin Adı ve Soyadı :
Student's Name and Surname

Sınıf ve No. :
Year and Student number

Kurumun Adı ve Adresi :
Name and address of the company

Staj başlayış ve Bitiş Tarihleri :
Starting and ending dates of practice

Ders Kodu (COMPE399/499) :
Course Code

Öğrencinin İmzası :
Student's signature

Raporu İnceleyen Öğretim Üyesi :
Faculty member grading the report

Verilen Not : Başarılı / Başarısız :
Grade : S / U

Tarih :
Date

İmza :
Signature

Certified
Photograph
of the
Student

ATILIM UNIVERSITY
Faculty of Engineering
Department of Computer Engineering
SUMMER PRACTICE EVALUATION FORM
1st Copy

CONFIDENTIAL

Student's Name and Surname :.....
Year and student number :.....
Course Code(COMPE399/499) :.....
Company name :.....

Minimum duration of the summer practice for our department is 20 workdays for the first(COMPE399) and 30 workdays for the second(COMPE499).

Department	Pratice Duration (weeks)	Interest in Job	Attendance Grade	Performance Grade	Remarks

The activities involved in the summer practice:

.....
.....
.....

Grade: A: Excellent Name of Supervisor :.....
 B: Good Title of Supervisor :.....
 C: Satisfactory Official Stamp and signature:.....
 D: Unsatisfactory Date :.....

Not: It is requested that one copy of this form be filled and sent directly to the address below and then second copy retained in your files :

Staj Komitesi
Bilgisayar Mühendisliği Bölümü
Atılım Üniversitesi
06836 İncek - Ankara

Certified
Photograph
of the
Student

ATILIM UNIVERSITY
Faculty of Engineering
Department of Computer Engineering
SUMMER PRACTICE EVALUATION FORM
2nd Copy

CONFIDENTIAL

Student's Name and Surname :.....
Year and student number :.....
Course Code(COMPE399/499) :.....
Company name :.....

Minimum duration of the summer practice for our department is 20 workdays for the first(COMPE399) and 30 workdays for the second(COMPE499).

Department	Pratice Duration (weeks)	Interest in Job	Attendance Grade	Performance Grade	Remarks

The activities involved in the summer practice:

.....
.....
.....

Grade: A: Excellent Name of Supervisor :.....
 B: Good Title of Supervisor :.....
 C: Satisfactory Official Stamp and signature:.....
 D: Unsatisfactory Date :.....

Not: It is requested that one copy of this form be filled and sent directly to the address below and then second copy retained in your files :

Staj Komitesi
Bilgisayar Mühendisliği Bölümü
Atılım Üniversitesi
06836 İncek - Ankara