



İHSAN DOĞRAMACI BILKENT UNIVERSITY
FACULTY OF ART, DESIGN AND ARCHITECTURE
DEPARTMENT OF INTERIOR ARCHITECTURE AND ENVIRONMENTAL DESIGN

EVALUATION OF SUMMER PRACTICE
CONFIDENTIAL

Student Name:	
Student Number:	
Summer Practice Name / Code:	290 Site <input type="radio"/> 390 Office <input type="radio"/>
Summer Practice Location:	
Starting and Completion Date of Summer Practice:	

	Grade <small>Please make the evaluation over 10.</small>	Comments
Attendance:		
Interest shown:		
Taking Responsibility:		
Enthusiasm for and completion of duties:		
Adaptation to new Jobs:		
General Achievement:		

Evaluator's Name, Surname:	
Title:	
Date:	
Signature and Stamp:	

Please return the filled out document to the student after completion of her/his Summer Practice.

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