

## **İHSAN DOĞRAMACI BILKENT UNIVERSITY**

## FACULTY OF ART, DESIGN AND ARCHITECTURE

## DEPARTMENT OF INTERIOR ARCHITECTURE AND ENVIRONMENTAL DESIGN

## **EVALUATION OF SUMMER PRACTICE**

Student Name:		
Student Number:		
Summer Practice Name / Code:	290 Site $\circ$	390 Office $\odot$
Summer Practice Location:		
Starting and Completion Date of Summer Practice:		
	<b>Grade</b> Please make the evaluation over 10.	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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