



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 ☐ 390 Office ☐
Summer Practice Location:	
Starting and Completion Date of Summer Practice:	

	Grade 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. Thank you for your support.

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