###### Image1ATILIM UNIVERSITY

Certified Photograph

of the

Student

**School of Civil Aviation**

**Department of Avionics**

# COMPANY SUMMER PRACTICE EVALUATION FORM

1st Copy

# CONFIDENTIAL

Student’s name and surname : ……………………………………..………………………

Year and student number : …………………………………..…………………………

Company name and address : …………………………………….…….…………………

Starting and ending dates of practice : ................................................................

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|  | Practice |  |  |  |  |
| Department | Duration | Interest in Job | Attendance | Performance | Remarks |
|  | (weeks) |  | Grade | Grade |  |
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The activities involved in the summer practice:

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Grade: A: Excellent Name of the Supervisor : ...................................

B: Good Title of the Supervisor : ………………………..........

C: Satisfactory Official Stamp and Signature : …………………................

D: Unsatisfactory Date : …………………….............

Note: Please fill in both copies of this form, send one copy directly to the address below and retain the second copy in your files:

Summer Practice Coordinator

Department of Avionics

Atılım Üniversitesi Kızılcaşar Köyü İncek-Gölbaşı-Ankara Tel: 0 (312) 586 80 00 Fax: 0 (312) 586 80 91

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