



REPUBLIC OF TURKEY
BOLU ABANT İZZET BAYSAL UNIVERSITY
Faculty of Engineering
Department of Mechanical Engineering
BOLU



ATTENDANCE TABLE OF PRACTICE
TRAINING

Student

Name Surname

Class

No

Company

Name

Address

Type of Practice

Day	Date	Beginning of Work		End of Work	
		Time	Signature	Time	Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Name of Supervisor

Title Of Supervisor

Signature/Stamp

Dear Interested, This form will be at your service and signed to the student under your control. At the end of internship, this document will be posted to our address with "performance form" I thank you for your help on the behalf of your department.



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PERFORMANCE FORM

Date :

Name and Surname of Student

Name and address of firm

Start Dates of Practice

End Dates of Practice

Please evaluate interest in job, attendance and performance of the student based on the criteria shown on the side.

Excellent

Good

Fair

Poor

Unsatisfactory

Student Photo

Attendance

Performance

Interest in Job

Remarks

Name of Supervisor

Title of Supervisor

Signature/Stamp

CONFIDENTIAL

A copy of this form must be completed by the supervisor in your firm and posted in an envelope while another copy must be kept in the firm