



TRAINING EVALUATION FORM

Contract Number

STUDENT'S NAME / SURNAME:

COMPANY / OFFICE NAME:

COMPANY / OFFICE ADDRESS:

COMPANY / OFFICE TELEPHONE:

FEILD OF TRAINING:

WORKING DATES:

Place of
your photo

EVALUATING CRITERIA					
	v.good	good	middle	bad	v.bad
Apply the rules of the training place					
Doing his/her work on exact time					
Doing his/her work completely					
Human relationships					
Motivation / (interest in his work)					

Extra Notes

**FULL NAME OF THOSE WHO EVALUATE THE TRAINEE:

**SIGNATURE:

NOTE: The completed evaluation form should be sent to the department. If it was sent with the trainee, it should be put inside a closed, signed, and stamped envelope.

ADRESS :

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ACCEPTANCE FORM OF TRAINING FIRM

Contract Number

TYPES OF SUMMER TRAINING :

- Construction site
- Office
- Building
- Transportation - Highway
- Hydraulic

** (Students have to tick the box above.)

STUDENT 'S INFO. :

Full Name :

Student's No. :

Class :

Instructor :

Citizenship Identity No. :

Starting Date Of Summer Training :

Finishing Date Of Summer Training :

Total Days Of Training :

THE PLACE OF TRAINING'S :

Title :

Address :

Activity Field :

Personnel Condition { Number of employed civil engineers and other technicians}:

ADDRESS :

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Contract Number

Completed Works :

1.
2.
3.

Tasks (Continuing Works) : (Tick one or more)

Inspection :

Construction :

Design :

Laboratory :

Others (mention) :

The above student in which his/her identity is clear ,has been accepted in our company/ office .

Representative of the firm:

Signature :

ADDRESS :

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INTERNSHIP APPLICATION FORM

Student No. :

Name / Surname :

Contract Number

.....

Place of
your photo

Related information about work place :

*Name / Surname :

*Telephone :

*Web :

*Fax :

*Email :

*No. of Employed Civil Engineers :

2 to 5

6 to 10

More than 10

*Basic Field of Work :

Information About Trainer's Work :

Trainer's Field :

A simple definition of trainer's work :

Trainer's Starting Date:	Trainer's Finishing Date:	Total Duration(working days)

*The above Student in which his/her identity is clear, is convenient and accepted to work in our Company/ Office/ Site..

*Company/Firm Authority :

Name / Surname : Signature :

Date:

ADDRESS :

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