



Contract Number

Place of
your photo

Place of
your photo

FEILD OF TRAINING:

WORKING DATES: _____

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)

NOTE: Tick the appropriate number. 1 is very bad, 5 is very good

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.



ACCEPTANCE FORM OF TRAINING FIRM

Contract Number

TYPE OF SUMMER TRAINING:

- Building Construction ☐
- Transportation ☐
- Dams and Hydraulic Structure ☐
- Structure Design ☐
- Other: ☐

STUDENT 'S INFO.:

Full name: _____

Student's ID: _____

Grade: _____

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: _____



Contract Number

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Completed Works/Tasks:

1.
2.
3.
4.
5.
6.
7.

The above student _____ in which his/her identity is clear, has completed the internship training successfully.

Representative of the firm: _____

Signature: _____