TED UNIVERSITY



Faculty of Architecture

TED UNIVERSITY DEPARTMENT OF ARCHITECTURE INTERN EVALUATION FORM- CONFIDENTIAL

To whom it may concern,

Internship and Summer Practice experiences are regarded as indispensable constituents of architectural education and therefore considered as an integral part of the education policy in TEDU Department of Architecture. In this context the curriculum of the department implies two must "Summer Practice" courses for its undergraduate students to be applied in their second and third years in the university.

In order to evaluate the progress and success of student during internship and formulate its corresponding course grade, it is crucial for us to receive this evaluation form, filled by your party confidentially, signed, sealed and delivered to the address stated below. We want to thank you in advance on behalf of our institution and students for your valuable contributions and assistance in the realisation of the internship program.

Name, Surname of the Intern:					
Course Code:					
Required Working Days:					
The internship began on / / and was co	omplete	d on _		/	/_
Office / Institution / Business:	•	_			
Location (city, state, country):					
zodaton (etcy) state, country,					
EVALUATION OF THE IN	ITERN				
1. Intern's Success:					
	1 -	1 -	T _	1 -	1 -
a Milliamana in manfannaina ani	1	2	3	4	5
a. Willingness in performing assigned tasks					
b. Demonstration of professional and ethical responsibilitiesc. Availability					+
d. Overall performance					+
 1 - Failing, 2 - Deficient, 3 - Mediocre, 4 - Good, 5 - Excellent 2. Ideas (Additional ideas on the intern's skills in comnetc.) 	nunicatio	on, tim	e man	agemo	ent, gro
Name / Surname:					
Title / Position:					
Signature / Cache:					
Please submit this form within a signed and sealed envelope by mail to	o the add	ress be	low, or	by har	nd (thro