



İZMİR INSTITUTE OF TECHNOLOGY  
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**DEPARTMENT OF FOOD ENGINEERING  
TEACHING STAFF SUMMER PRACTICE GRADING FORM**

Student' s Name and Surname

.....

Student Number

.....

Company Name

.....

**Summer Practice Evaluation**

Company Department of Summer Practice	
Duration of Practice	
Remarks	

Notlar / Grades : Satisfactory / Unsatisfactory

Name and Title of Teaching Staff :

Signature :

Date :