A blue logo with a black background

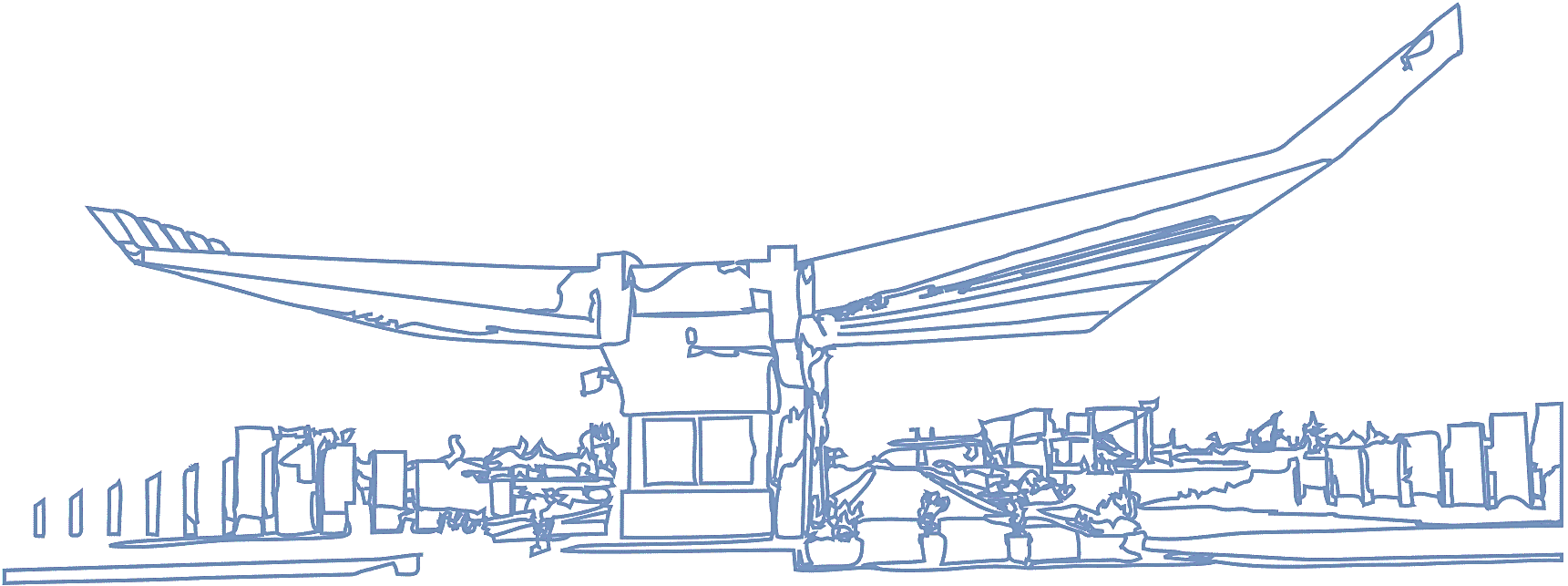
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FACULTY OF ARCHITECTURE AND ENGINEERING

DEPARTMENT OF CIVIL ENGINEERING

PROFESSIONAL PRACTICE

**JOURNAL**



Prepared by: Submission date:

**[Name Surname] [YYYY-MM-DD]**

To be completed by the Student

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field of Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature/Stamp of Site Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Të plotësohet nga Studenti

Emri i Studentit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emri i Supervizorit në Praktikë: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emri i Kompanisë: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fusha e Ekspertizës: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma e Studentit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma/Vula e Supervizorit në Praktikë: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Hours / Weeks: \_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_

Totali i Orëve / Javëve: \_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| Day No. / Dita | Date / Data | Hours / Orët | Total Time / Koha Totale |
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INSERT PICTURE HERE

To be completed by the respective EPOKA University Department

Course Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: ☐ Satisfactory / ☐ Unsatisfactory

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Të plotësohet nga Departamenti përgjegjës i Universitetit “EPOKA”

Pedagogu i Lëndës: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vlerësimi: ☐ I Kënaqshëm / ☐ I Pakënaqshëm

Firma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROFESSIONAL PRACTICE APPROVAL FORM

To be completed by the Student and Institution/Company/Entity

Name / Surname : .....................................................

Class / ID no. : ........................../..........................

Course-Title and Code : CE 301 Summer Practice I

Required Practice Duration : ……… practice days

Professional Practice Period : ......./......./........ - ......./......./........

Institution/Company/Entity : …......................................................

|  |  |  |  |
| --- | --- | --- | --- |
| Address  County  City  Country |  | :  :  :  : | ..........................................................................................................  ..........................................................................................................  ..........................................................................................................  .......................................................................................................... |

**APPROVAL OF THE PROFESSIONAL PRACTICE PLACE**

We approve that the student named above will be engaged as an intern in our ……………. office .......... days per week and between ......./......./........ - ......./......./........ under the supervision of ………………...

|  |  |  |
| --- | --- | --- |
| Name / Surname  Title / Position  Seal / Signature | :  :  : | ......................................................... .........................................................  ………………………………………………………. |

…………………………………………………………………………………………………

To be completed by the respective EPOKA University Department

**APROVAL OF THE DEPARTMENT OF CIVIL ENGINEERING**

The student named above is approved to be engaged as an intern in the stated ……………… office between ......./......./........ - ......./......./........

|  |  |  |
| --- | --- | --- |
| Name / Surname  Title / Position  Seal / Signature | :  :  : |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please keep a copy for yourself and give a copy to the student to submit to the Department Professional Practice Supervisor.*

FORMULARI I PRANIMIT PËR PRAKTIKË PROFESIONALE

Të plotësohet nga Studenti dhe Institucioni/Kompania/Entiteti

Emri/ Mbiemri : .....................................................

Klasa / Nr. i Identifikimit : ........................../..........................

Kodi i Lëndës : CE 301 Praktika Verore I

Kohëzgjatja e Praktikës se Kërkuar : ……… ditë në praktikë

Periudha e Praktikës Profesionale : ......./......./........ - ......./......./........

Institucioni/Kompania/Entiteti : …......................................................

|  |  |  |  |
| --- | --- | --- | --- |
| Adresa  Qarku  Qyteti  Shteti |  | :  :  :  : | .............................................................................  ..........................................................................................................  ..........................................................................................................  .......................................................................................................... |

**PRANIMI NGA VENDI I PRAKTIKËS PROFESIONALE**

Ne pranojmë që studenti i lartpërmendur, të përfshihet si Praktikant pranë zyrës tonë ……………. për .......... ditë në javë, përgjatë ......./......./........ - ......./......./........, nën mbikëqyrjen e …………..

|  |  |  |
| --- | --- | --- |
| Emër / Mbiemër  Titulli / Pozicioni  Vula / Firma | :  :  : | ......................................................... .........................................................  ………………………………………………………. |

…………………………………………………………………………………………………

Të plotësohet nga Departamenti përgjegjës i Universitetit “EPOKA”

**MIRATIMI NGA DEPARTAMENTI I INXHINIERISË SË NDËRTIMIT**

Studenti i lartpërmendur pranohet të përfshihet si Praktikant në zyrën ……………… përgjatë

......./......./........ - ......./......./........

|  |  |  |
| --- | --- | --- |
| Emër / Mbiemër  Titulli / Pozicioni  Vula / Firma | :  :  : |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Lutemi të mbani një kopje për veten tuaj dhe një kopje t’ia jepni studentit për ta dorëzuar tek Mbikëqyrësi i Praktikës Profesionale pranë Departamentit përkatës.*

PROFESSIONAL PRACTICE PERFORMANCE ASSESSMENT FORM

CONFIDENTIAL1

To be completed by the Professional Practice Site Supervisor

Name and Surname of Student : ………………………………………………………….

Class – Year : ………………………………………………………….

Name of Organization : ………………………………………………………….

Beginning and End of Practice : ………………………………………………………….

Minimum Period of Practice : ………………………………………………………….

Name of Compulsory Practice : CE 301 Summer Practice I

Evaluation of Professional Practice

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Department in the organization | Period of Practice (Weeks) | Interest in job | Attendance | Performance | Remarks |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

Evaluation: (A) Excellent Date : ……………….… (B) Good Name of Supervisor : ……………….…

(C) Fair Title of Supervisor : ……………….…

(D) Poor Official Stamp and

(F) Unsatisfactory Signature : ……………….…

EPOKA University

Faculty of Architecture and Engineering

Department of Civil Engineering

Tirana, Albania

…………………………………………………………………………………………………

To be completed by the respective EPOKA University Department

Department Professional Practice Supervisor who examined the Report

Introduction : …………. Name and Surname :

Main Text Report : ………….

Conclusion : …………. Date : …………………….

Overall Evaluation of Report : ………….

Department of Civil Engineering Signature : …………………….

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please submit this form in a sealed and signed envelope to the student after the professional practice period.*

FORMULARI I VLERËSIMIT TË PRAKTIKËS PROFESIONALE

KONFIDENCIALE1

Të plotësohet nga Mbikëqyrësi në Vendin e Praktikës Profesionale

Emri dhe Mbiemri i Studentit : ………………………………………………………….

Klasa – Viti : ………………………………………………………….

Emri i Organizatës : ………………………………………………………….

Fillimi dhe Mbarimi i Praktikës : ………………………………………………………….

Periudha Minimale e Praktikës : ………………………………………………………….

Emri i Praktikës së Detyrueshme : CE 301 Praktika Verore I

Vlerësimi i Praktikës Profesionale

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Departamenti | Periudha e Praktikës (Javët) | Interesi i treguar në Punë | Pjesëmarrja | Performanca | Shënime |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

Vlerësimi: (A) Shkëlqyeshëm Data : ……………….… (B) Mirë Emri i Mbikëqyrësit : ……………….…

(C) Pranueshëm Titulli i Mbikëqyrësit : ……………….…

(D) Dobët Vula Zyrtare dhe

(F) Jo i Kënaqshëm Firma : ……………….…

Universiteti “EPOKA”

Fakulteti i Arkitekturës dhe Inxhinierisë

Departamenti i Inxhinierisë së Ndërtimit

Tirana, Shqipëri

…………………………………………………………………………………………………

Të plotësohet nga Departamenti përgjegjës i Universitetit “EPOKA”

Mbikëqyrësi i Praktikës Profesionale i caktuar nga Departamenti, i cili shqyrtoi këtë Raport

Hyrja : ………… Emri dhe Mbiemri :

Raporti i Tekstit Kryesor : …………

Përfundime : ………… Data : …………………….

Vlerësimi i përgjithshëm i Raportit : …………

Departamenti i Inxhinierisë së Ndërtimit Firma :………………….…. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Lutemi që pas përfundimit të praktikës profesionale, ta dorëzoni këtë formular në një zarf të firmosur dhe të vulosur tek studenti në fjalë.*

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# DAY 1: Insert Title Here

YYYY-MM-DD

EPOKA University is an international higher education institution located on a smart campus between the international connections and trading crossroads of Durrës Port and Rinas Airport in Tirana, the capital of Albania. The University commenced academic activities during the 2007-2008 academic year in compliance with the provisions of the Albanian higher education legislation.

Figures must be centred and in line with text.



Figure 1 - Photo of EPOKA University

All figures must have captions as above.

# DAY 2: Insert Title Here

YYYY-MM-DD

Every DAY must start in a new page…

# CONCLUSIONS

Write a summary of your experience and your statement regarding it…