

EPOKA UNIVERSITY  
 Faculty of Architecture and Engineering  
 Computer Engineering Department  
 ENGINEERING PRACTICE PERFORMANCE REPORT  
CONFIDENTIAL

Name and Surname of Student :..... Class – Year :..... Name of Organization :..... Beginning and End of Training :..... Minimum Period of Training :..... Name of Compulsory Training :      CEN 300 <input type="checkbox"/> ECE 300 <input type="checkbox"/>	Student																																										
<p style="text-align: center;">Evaluation of Engineering Practice</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">Department</th> <th style="width: 15%;">Period of Practice (Weeks)</th> <th style="width: 15%;">Interest in job</th> <th style="width: 15%;">Attendance</th> <th style="width: 15%;">Performance</th> <th style="width: 20%;">Remarks</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Grades :      (A) Excellent                      Date :.....                      (B) Good                         Name of Supervisor :.....                      (C) Fair                            Title of Supervisor :.....                      (D) Poor                            Official Stamp and                      (F) Unsatisfactory             Signature :.....</p> <p>Note: It is requested that one copy of this form be filled out and sent directly to the address below and second copy retained in your file.</p> <p style="text-align: right;">Engineering Practice Committee        Epoka University        Faculty of Architecture and Engineering        Computer Engineering Department        Tirana/Albania</p>	Department	Period of Practice (Weeks)	Interest in job	Attendance	Performance	Remarks																																					Company / Institution
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<p style="text-align: right; margin-right: 50px;"><u>Advisor who Examined the Report</u></p> Introduction :..... Main Text Report :..... Conclusion :..... Overall Evaluation :.....	Name and Surname :..... Date :..... Signature :.....	Evaluation Committee																																									
Engineering Practice Committee - Computer Engineering Department																																											