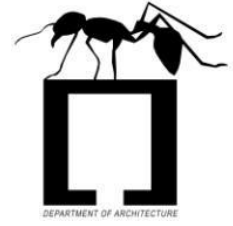




EASTER MEDITERANEAN UNIVERSITY
DEPARTMENT OF ARCHITECTURE



SUMMER PRACTICE
Registration Form

ACADEMIC SEMESTER 20.../20....Fall Spring

Arch 290 (Construction Site) Arch 390 (Architectural Office)

Name /Surname:

Student number:

Name of the firm:

Address of the firm:

.....

Telephone of the firm: E-Mail of the firm:



Important notice:

ARCH 290	ARCH 390
<ul style="list-style-type: none"> ▪ DURATION OF ARCH 290 SHOULD NOT BE LESS THAN 25 WORKING DAYS. ▪ PRACTICE AT CERTAIN CONSTRUCTION SITE(S) MUST BE VERIFIED AND REPORTED TROUGH CONSISTENT DOCUMENTATION AND DAILY ACTIVITY REPORTS. 	<ul style="list-style-type: none"> ▪ DURATION OF ARCH 390 SHOULD NOT BE LESS THAN 25 WORKING DAYS. ▪ TECHNICAL DRAWINGS AT CERTAIN OFFICE CAN BE EVALUATED AS ARCH 300 WHICH HAS TO BE DONE IN 25 WORKING DAYS.

**SUMMER PRACTICE COMMITTEE
(Chair)**

Supervisor's Evaluation

work type	insert	attendance	Success/Grade

(A)Excellent (B) Good (B) Poor (F) unsatisfactory

Remarks:

Supervisor's Name/Surname:

Signature & Stamp

Title/Position:
