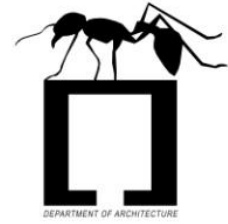




EASTERN MEDITERRANEAN UNIVERSITY  
**DEPARTMENT OF ARCHITECTURE**  
 SUMMER PRACTICE



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

Arch 200 (construction site)

Arch 300 (Architectural office)

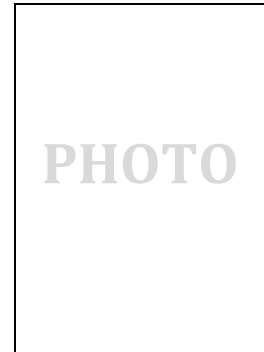
Name /Surname: .....

Student number: .....

Name of the firm: .....

Address of the firm: .....

.....



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

**important notice:**

ARCH 200	ARCH 300
<ul style="list-style-type: none"> <li>▪ DURATION OF ARCH 200 SHOULD NOT BE LESS THAN 25 WORKING DAYS.</li> <li>▪ PRACTICE AT CERTAIN CONSTRUCTION SITE(S) MUST BE VERIFIED AND REPORTED THROUGH CONSISTENT DOCUMENTATION AND DAILY ACTIVITY REPORTS.</li> </ul>	<ul style="list-style-type: none"> <li>▪ DURATION OF ARCH 300 SHOULD NOT BE LESS THAN 25 WORKING DAYS.</li> <li>▪ TECHNICAL DRAWINGS AT CERTAIN OFFICE CAN BE EVALUATED AS ARCH 300 WHICH HAS TO BE DONE IN 25 WORKING DAYS.</li> </ul>

**SUMMER PRACTICE COMMITTEE**

**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: .....

\_\_\_\_\_