



**T.C.**  
**EGE UNIVERSITY**  
**FACULTY OF ENGINEERING**  
**BIOENGINEERING DEPARTMENT**  
**TRAINING PERIOD INDEX CARD**



<b>STUDENT INFORMATION</b>		
Name and Surname		
School Number		
Department		
Institute for Training		
Beginning Date – Completion Date		
Compulsory Training Period		
Number of Working Days		
<b>DEPARTMENTS WORKED</b>		
<b>EVALUATION (A: Excellent, B: Good, C: Fair, D: Poor)</b>		
TOPICS	GRADE	COMMENT
Working Productivity		
Use of Time		
Interpersonal Skills		
Adaptability to Work Environment		
Interest in Work		
Productivity		
<b>RESULTS and APPROVAL</b>		
<b>Engineer in Charge</b>	<b>Institute Director</b>	
(Name – Surname – Signature)	(Name – Surname – Signature)	

**Importance Note:**

- This document should be given to the student concerned to be returned Ege University, Bioengineering Department in closed envelope.

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