

TOBB UNIVERSITY OF ECONOMICS AND TECHNOLOGY FACULTY DEPARTMENT COOPERATIVE EDUCATION CERTIFICATE OF ACHIEVEMENT (.....TERM) (Business Quarter Cooperative Education Supervisor Copy) (-CONFIDENTIAL-)

Student's Full Name:
Department and ID No: Dates of Start and Completion:
The Duration of Obligatory Cooperative Education (Days): The Company for Cooperative Education:
The Address of the Enterprise&Organization with which Cooperative Education performed:
Business Quarter Cooperative Education Supervisor's Name: The Department Student Works in:
Definition of the Work:

Please explain to what degree you agree with the below statements.

5: Strongly Agree **4:** Mostly Agree **3:** Somewhat Agree

2: Rarely Agree 1: Strongly Disagree

	1	2	3	4	5
1					
2					
3					
4					
5					

- 1. The student is following the working hours.
- **2.** The student completes the given duty on time.
- 3. The student fulfills the given duty at expected quality.
- 4. The student can cooperate with his/her seniors successfully.
- **5.** The student's interaction with his/her colleagues is at an expected level.

Please answer the questions below.

1. How do you assess the student's contribution to th work place?



2.	How do you evaluate the student's attitudes and interest in work?							
3.	Would you like to employ the student again?							
4.	Please state you	ar opinion about the Coo	perative Educ	cation Program				
EVALUA	TION TABLE	COOPERATIVE EDUC		PERVISOR				
Departme Works in	ent the Student	Length of Employment	Attention	Attendance	Performanc			
AA: Very Good BB: Good CC: All Right FF: Fail								
Full Name Title/Statu Seal/Signa Date: That the tw signed, an	e: us: uture: wo copies of Cod d sent to the belo	operative Education Supervious Education Certicology address enclosed and copy to your company.	ificate of Ach					
	TO	OBB Economics and Tec	hnology Univ	versity				