**TOBB ECONOMICS AND TECHNOLOGY UNIVERSITY**

**………………………… 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**

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**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 your opinion about the Cooperative Education Program.

**BUSINESS QUARTER COOPERATIVE EDUCATION SUPERVISOR EVALUATION TABLE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Department the Student Works in**  | **Length of Employment** | **Attention** | **Attendance** | **Performance** |
|  |  |  |  |  |
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|  |  |  |  |  |

**AA:** Very Good **BB:** Good **CC:** All Right **FF:** Fail

**Business Quarter Cooperative Education Supervisor’s**

Full Name:

Title/Status:

Seal/Signature:

Date:

That the two copies of Cooperative Education Certificate of Achievement are filled and signed, and sent to the below address enclosed and entitled as ‘Confidential’ is kindly requested by sparing one copy to your company.

TOBB Economics and Technology University

………………………… Faculty ………………….. Department

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