

**FACULTY OF ARCHITECTURE AND ENGINEERING
DEPARTMENT OF COMPUTER ENGINEERING
PROFESSIONAL PRACTICE PERFORMANCE ASSESSMENT FORM**

CONFIDENTIALⁱ

To be completed by the Professional Practice Site Supervisor

Name and Surname of Student :

Class – Year :

Name of Organization :

Beginning and End of Practice :

Minimum Period of Practice :

Name of Compulsory Practice :

Evaluation of Professional Practice

Department in the organization	Period of Practice (Weeks)	Interest in job	Attendance	Performance	Remarks

Evaluation: (A) Excellent
(B) Good
(C) Fair
(D) Poor
(F) Unsatisfactory

Date :

Name of Supervisor :

Title of Supervisor :

Official Stamp and Signature :

EPOKA University
Faculty of Architecture and Engineering
Department of Computer Engineering
Tirana/Albania

To be completed by the respective Department of EPOKA University

Department Professional Practice Supervisor
who examined the Report

Introduction :

Main Text Report :

Conclusion :

Overall Evaluation of Report :

Department of

Name and Surname :

Date :

Signature :

ⁱ Please submit this form in a sealed and signed envelope to the student after the professional practice period.