



REPUBLIC OF TURKEY  
KIRKLARELI UNIVERSITY

ERASMUS+ Student Mobility For Traineeships

Photo



EVALUATION FORM  
After the Mobility

*Student Info*

Name-Surname : .....

Student ID Number : .....

Faculty / School : .....

Department : .....

Phone : ..... E-mail: .....

*Receiving Organisation / Enterprise*

<u>Organisation / Enterprise</u>	<u>Traineeship Supervisor</u>
Country : .....	Title : .....
Name : .....	Name-Surname : .....
Address : .....	Phone : .....
Phone : .....	E-mail : .....
Web-site : .....	
E-mail : .....	

We declare that ..... has completed his/her Traineeship under the scope of Erasmus+ Traineeship Mobility between the dates:

..... /..... /..... and ..... /..... /.....

*Signature*  
Erasmus+ Departmental Coordinator  
Kırklareli University

*Signature & Stamp*  
Traineeship Supervisor  
Receiving Organisation / Enterprise



**CONFIDENTIAL**

**Traineeship Evaluation Report**

<b>Evaluation Criteria*:</b>	<b>Grade</b>
1. Organizational and Conformity Skills (25 pts. max)	.....
2. Theoretical Knowledge and Application Skills (45 pts. max)	.....
3. Professional Development Skills (30 pts. max)	.....
	<b>Total:</b> .....

**Detailed programme of the traineeship period including tasks carried out by the student:**

.....  
.....  
.....  
.....

**Comments during the traineeship:**

.....  
.....  
.....  
.....

<b>Receiving Organisation / Enterprise</b>	<b>Sending Institution – Kırklareli University</b>
Evaluation of the <b>Traineeship Supervisor</b>  Name-Surname : ..... Total Grade : ..... Signature : .....	Evaluation of the <b>Erasmus+ Faculty Coordinator</b> <input type="checkbox"/> Successful <input type="checkbox"/> Failed Name-Surname : ..... Signature : .....

\* Total grades between **0-59** means “**Failed**”, **60-100** means “**Successful**”