To Whom It May Concern

METU Faculty of Architecture, Department of Architecture is greatly concerned with bringing together practical training with theoretical studies. An outcome of this concern is the compulsory Summer Practice courses for the first, second and third year students in the Undergraduate Program of Architecture. The student has to fulfill the requirements of these courses in order to graduate with a B.ARCH Diploma.

The Arch 390 - Internship In Professional Practice is conducted at the end of the third year and it aims to introduce students of architecture to the milieu in an architectural office by allowing them to observe and participate in project development, relations of projects and implementation and various office procedures. The duration of the summer practice is 30 work days and it is very important for the students to monitor different work processes during the internship.

According to the Law no. 5510 "Social Security and General Health Insurance", a statement of employment will be issued and the premium of the Insurance of Occupational Accidents and Professional Diseases will be paid by the University. In order to make this happen, the student needs to be informed about the address and the exact start and finish dates of the internship at least 20 days before the commencement day of the internship.

Finally, we kindly request you to submit the evaluation form to them student in a sealed and signed envelope after the work period in order to complete the grading process.

I thank you in advance for your invaluable contribution to the educational program of our school.

With my best regards,

[Signature]

Prof.Dr. F. Cânâ BİLSEL
Chairperson
METU, Department of Architecture
Name / Surname : ________________________________
Class / ID No : ..............................................
Summer Internship Code : ARCH390
Required Work Duration : 30 work days
Work Period : ........... / ........... - ........... / ...........
Company : ..............................................
Internship Address : ..............................................
County : ..............................................
City : ..............................................
Country : ..............................................

APPROVAL OF THE WORK PLACE

We approve that the student named above will be employed as an intern in our office working .......... days per week and between ........../........../........... - ........../........../............

Name / Surname : ________________________________
Title / Position : ..............................................
Seal/ Signature : ..............................................

APPROVAL OF THE METU DEPARTMENT OF ARCHITECTURE

The student named above is approved to work as an intern in the stated architectural office between

........../........../........... - ........../........../............

Name/Surname : ________________________________
Title/Position : ..............................................
Seal/ Signature : ..............................................

Tel: +90 312 210 2203
Fax: +90 312 210 7966
e-mail: arch@metu.edu.tr
MIDDLE EAST TECHNICAL UNIVERSITY
DEPARTMENT OF ARCHITECTURE
ANKARA - TURKEY

ARCH 390 - INTERNSHIP IN PROFESSIONAL PRACTICE
ACCOMPLISHMENT SHEET
CONFIDENTIAL *

Student's Name / Surname :
Class / Student Number :
Summer Practice Code :
Required Duration of Work :
Dates of Work :
Period Name of the Workplace :
Address of the Workplace :
County :
City :
Country :

EVALUATION OF THE RELATED PERSON

Interest into the Work Success Attendance

- Excellent
- Very Good
- Good
- Satisfactory
- Unsatisfactory

- Excellent
- Very Good
- Good
- Satisfactory
- Unsatisfactory

- 30 days of attendance
- 1-2 days of absenteeism
- 3-4 days of absenteeism
- 5-6 days of absenteeism
- 7 or more days of absenteeism

Please state the exact time interval that the student has worked

Opinions: .............................................................................................................................................................................
..........................................................................................................................................................................................................
.............................................................................................................
...........................................................................................

Name/ Surname :
Work Title :
Seal/ Signature

*Please submit this form in a sealed and signed envelope to the student after the work period.

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e-mail: arch@metu.edu.tr