YALOVA UNIVERSITY

FACULTY OF ECONOMICS AND ADMINISTRATIVE SCIENCES

**PRACTICAL TRAINING RESPONSIBLE INSTRUCTOR CONTROL FORM**

**TO THE HEAD OF BUSINESS ADMINISTRATION DEPARTMENT**

The student whose information has been given below was supervised in the workplace on the date given below.

Respectively submitted for your information.

Responsible Instructor

Name Surname

Signature

**STUDENT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name Surname |  | Passport Number |  |
| Student ID |  | Academic Year |  |
| Department |  | Class |  |

**PLACE OF PRACTICAL TRAINING**

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name |  | Training Start Date |  |
| Training End Date |  |
| Number of Training Days | ……………. Training Days |
| Company Adress |  | Mobile |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **S.ID** | **Date of Control** | **Explanation** | **Signature** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
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