**T.R. ESKİŞEHİR TEKNİK UNIVERSITY**

**FACULTY OF ARCHITECTURE AND DESIGN**

**ATTENDANCE CHART**

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| Name‒Surname of the Student  | ……………………………………………………………………..……...  |
| ID Number  | ………………………………………………….....  |
| Department  | …………………………………………………….  |
| Institution/Organization  | ………………………………………………………………………….....  |

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| DAY  | DATE  | SIGNATURE  | DAY  | DATE  | SIGNATURE  | DAY  | DATE  | SIGNATURE  |
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**INSTITUTION/ORGANIZATION AUTHORITY** Name and Surname : …………………………..…………...

 Title : …………………..…………….................

 Signature/Stamp : ………..……………………….................

**NOTES**:

* The student will **not sign the chart** on his/her off days and **will not state** the off days on the chart.
* A student registered in a department of the Faculty of Architecture and Design has to carry out internship for ……….. work days according to the elements stated in the Inernship Manual of the Department.
* The student has to compensate for the days he/she reported sick and **has to submit** the medical report to the Department Internship Commission.
* This form is to be submitted together with the “*Institution/Organization Student Evaluation Form*” to the Faculty by the student or via postal service.