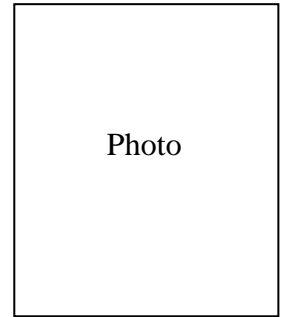


**NEAR EAST UNIVERSITY
FACULTY OF PHARMACY**

**INDUSTRIAL PHARMACY
PRACTICE STUDENT MANUAL**

PHA 491 PHARMACY PRACTICE - IV





Student Name and Surname :

Student Number :

Practice Site (Firm Name) :

Firm Address :

Practice Period Dates:

Personal Information at the practice site, who is responsible for the student:

STUDENT'S DAILY REPORT

Date :

Working Hours :

Working Department/Unit:

Today's my experienced activities:

Page Number:

PRACTICE EVALUATION FORM *

Authorized personnel at the Practice site:

Name and Surname :

Date, Signature and Stamp :

Criteria	Evaluations				Remarks
	Very Good	Good	Moderate	Need Improvement	
Attendance	Very Good ○	Good ○	Moderate ○	Need Improvement ○	
Adaptation to workplace rules	Very Good ○	Good ○	Moderate ○	Need Improvement ○	
Responsibility	Very Good ○	Good ○	Moderate ○	Need Improvement ○	
Desire to learn	Very Good ○	Good ○	Moderate ○	Need Improvement ○	
Capacity to workplace adaptation	Very Good ○	Good ○	Moderate ○	Need Improvement ○	
Ability to Express his/ her own personality	Very Good ○	Good ○	Moderate ○	Need Improvement ○	
Time management	Çok iyi ○	İyi ○	Orta ○	Gelişim gerekli ○	
Communication with department's workers	Very Good ○	Good ○	Moderate ○	Need Improvement ○	
Others					

*Dear Executive, please fill this evaluation form and put it in a sealed envelope.

*Student must submit this sealed envelope to the Near East University Faculty of Pharmacy Practice Coordinator, at the end of practice period.