



Bilkent University

Faculty of Music and Performing Arts

DEPARTMENT OF MUSIC

Summer Practice Evaluation Form

Name : _____

Surname : _____

Bilkent ID : _____

Name of the Company/Institution : _____

Start and End Dates of the Parctice : _____

Practice Period : 4 Weeks

OFFICIAL USE ONLY

* Please grade your evaluations below from a scale of 10 (0= Fail, 10: Excellent)

Student's Level of Success :

Date :

Evaluating Faculty Member :

Signature :

Date :

Please send the in a sealed envelope to the Music Department Office.