



EASTERN MEDITERRANEAN UNIVERSITY

FACULTY OF PHARMACY

TRAINEESHIP COMPLETION DOCUMENT

Pharmacy Warehouse

STUDENT INFORMATION

Name-Surname : _____

Semester : _____

Student ID : _____

Traineeship dates : ___/___/20___ - ___/___/20___

Total traineeship days: ___ business days (except holidays and weekends-depends on the country)

Cell phone number of student: _____

The name, address and phone number of the pharmacy warehouse where traineeship is completed:

Additional:

The name, surname, university and education degree of the tutor:

Please answer the questions below for the student:

1. Attendance of the student (Attended/Did not attend). Satisfactory or not?

YES

NO

2. Achievement of the student . Satisfactory or not?

YES

NO

3. Application of the academic knowledge (Successful/Not successful).

YES

NO

4. Relationship with the employees of the company Satisfactory or not?

YES

NO

5. Has the student participated in the routine daily activities projects? Yes or No?

YES

NO

6. Has the student worked good on the daily activities and was able to complete them? Yes or no?

YES

NO

7. How was the interest of the student to the company? We appreciate a brief explanation.

YES

NO

8. Has the student followed all the safety and security instructions of the company? Yes or No?

YES

NO

9. How was the relationship of the student to her/his tutor? Satisfactory or not?

YES

NO

NOT SATISFACTORY EXCELLENT

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10. Opinions :

