



## EASTERN MEDITERRANEAN UNIVERSITY

### FACULTY OF PHARMACY

## TRAINEESHIP COMPLETION DOCUMENT

### Drug Company

#### **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 institution 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 ongoing projects? Yes or No?

**YES**

**NO**

6. Has the student worked good on the project and was able to complete it? Yes or no?

**YES**

**NO**

7. How was the interest of the student to the company? Has the student informed himself/herself about the drug company and future work of the drug industry?. 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

0..... 10

EXCELLENT

10. Opinions :

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