



## **FINAL INTERNATIONAL UNIVERSITY**

### **FACULTY OF PHARMACY**

#### **UNDERGRADUATE (M.Pharm and Pharm.D) EDUCATION TRAINEESHIP DIRECTIVE**

### **CHAPTER ONE**

#### **PURPOSE, SCOPE, BASIS AND DEFINITIONS**

##### **PURPOSE:**

**Article 1.** The purpose of this directive is to determine and regulate the principles and procedures regarding student responsibilities for the applications of internships within the scope of the education and training programs of the undergraduate/graduate students of the Faculty of Pharmacy of Final International University (FIU).

##### **Scope:**

**Article 2.** This directive, which regulates the internships of the students of the FIU Faculty of Pharmacy, covers the principles and procedures regarding the duration, practices and evaluations of the compulsory internships of the students, the internship committee and advisors and student responsibilities.

##### **Underlying**

**Article 3.** This directive has been prepared based on the Higher Education Law No. 2547 dated 2.02.2008, the "Regulation on the Determination of the Minimum Education Conditions of Medicine, Nursing, Midwifery, Dentistry, Veterinary, Pharmacy and Architecture Education Programs" published in the Official newspaper, No. 26775 and the relevant articles of the International Final University Education, Examination and Success Regulation. In order to receive their undergraduate diplomas, FIU Faculty of Pharmacy students must complete their internship in accordance with the provisions of this directive and be successful.

##### **Definitions**

**Article 4.** Mentioned in this Directive;

- a) University: Final International University,
- b) Faculty: Final International University Faculty of Pharmacy,
- c) Dean's Office: The Dean of the Faculty of Pharmacy of Final International University,
- d) Faculty Administrative Board: The Board of Directors of the Faculty of Pharmacy of Final International University,
- e) Education Commission: The Education Commission of the Faculty of Pharmacy of Final International University,
- f) Internship Commission: The Internship Commission of the Faculty of Pharmacy of the International Final University,
- g) Oral Internship Exam Jury: The Jury Members who conducted the Oral Internship Exam, consisting of the Faculty Member and Assistant of the Faculty of Pharmacy of Final International University and the Pharmacist,

- h) Advisor Faculty Member: A faculty member of the Faculty of Pharmacy of Final International University,
- i) Pharmacist: Pharmacist who takes part in the Faculty Internship Program and is approved by the Final International University, Faculty of Pharmacy Internship Commission,
- j) Student Affairs: Student Affairs of the Faculty of Pharmacy of Final International University,
- k) Student: Refers to the students of the Faculty of Pharmacy of the International Final University.
- l) Internship supervisor: Refers to the legal responsible party of the pharmacy, institution and place where the internship takes place.

## **CHAPTER TWO**

### **Duties of the Education Commission, Internship Commission and Advisor Faculty Member**

#### **Education Commission Article 5.**

- (1) The faculty consists of faculty members.
- (2) The Faculty was established to coordinate activities related to the renewal and restructuring of undergraduate education.
- (3) Curriculum includes sub-committees on Assessment and Evaluation and Program Evaluation.
- (4) Provides coordination between the Education Program and the Internship Program in the Faculty.

#### **Internship Commission Article 6.**

- (1) It refers to the commission appointed by the Board of Directors of the Faculty of Pharmacy of Final International University within a certain period of time and formed by the Academic Staff of the relevant Department. A committee is formed for each internship course.
- (2) Determines the objectives of the internship program, plans and develops the internship program.
- (3) Ensures that the internship program is organized, implemented and evaluated.
- (4) Creates and updates the list of Free Pharmacies and Hospital Pharmacies located within the provincial borders of Kyrenia, Nicosia or on the island for the Graduation Internships of the students.
- (5) Checks the suitability of the centers where internship will be held to the Internship Program.

#### **Advisor Faculty Member Article 7.**

- (1) A faculty member who is reported as an Advisor in the University Student Automation System.
- (2) Evaluates the internship reports from a technical point of view.
- (3) Forwards the technical evaluation and negative internship reports to the Internship Commission for evaluation.

### **Oral Internship Exam Jury Article 8.**

- (1) The Internship Commission determines it.
- (2) It consists of three Pharmacists with at least 5 (five) years of experience in their profession.
- (3) The committee elects at least one member from independent pharmacists or pharmacists working in health institutions and/or organizations, and at least one member from the Faculty.

## **CHAPTER THREE**

### **Internship Periods and Total Internship Durations**

#### **Article 9.**

- (1) Internships consist of summer internships and capstone internships.
- (2) Summer internships:
  - a) 5-Year Program: It is held during the summer vacation periods at the end of the 4th semester, 6th semester, 8th semester.
  - b) 6-Year Program: It is held during the summer vacation periods at the end of the 4th semester, 6th semester, 8th semester and 10th semester.
- (3) Capstone Internships;
  - a) 5-Year Program: During 9th Semester and 10th Semester.
  - b) 6-Year Program: During 11th Semester and 12th Semester.

**Article 10.** The start and end dates of Summer Internships and Capstone Internships are announced by the Faculty of Pharmacy according to the Academic calendar determined by the University every year. Students cannot do Summer Internships within the academic year dates.

#### **Article 11.**

- (1) Duration of internship
  - a) 5-year Program: a total of at least 120 (one hundred and twenty) working days.
  - b) 6-year Program: a total of at least 210 (two hundred and ten) working days.
- (2) A working day includes at least six hours of work.
- (3) Students must complete the minimum internship period with a Community Pharmacy or Hospital Pharmacy internship.
- (4) In Summer Internships, Saturdays are not included in the working days.

## **Article 12. Duration of internship**

- a) 5-year Program: The first semester internship period is 20 (twenty) days, the second and third semester internship periods are 25 (twenty-five) days each, and the fourth semester internship period is 50 (fifty) days. The fourth semester internship is in the 9th and 10th grades. It can be divided into two in the semester and done as 25 days or 50 (fifty) days without interruption. Summer internships take place continuously during the period.
- b) 6-year Program: The first semester internship period is 30 (thirty) days, the second, third and fourth semester internship period is 40 (forty) days each, and the fifth semester internship period is 60 (sixty) days. The fifth semester internship is in the 11th and 12th grades. It can be divided into two in the semester and made 30 days or 60 (sixty) days without interruption. Summer internships take place continuously during the period.

## **CHAPTER FOUR**

### **Implementation and Technical Evaluation of Internships**

#### **Organization and Execution of the Internship Program**

**Article 13.** Centers where internships can be held; community pharmacies, hospital pharmacies, radiopharmaceutical laboratories, clinical microbiology, biochemistry and similar laboratories of hospitals, drug/poison information centers, relevant units of the Ministry of Health, Social Security Institution, Pharmaceutical industry, synthetic-natural origin products, production, quality control, research and development laboratories of the cosmetics, medical device, food, biotechnology and radiopharmaceutical industry, licensing departments and universities (university R&D and faculty pharmacies).

**Article 14.** For minimum internship periods; Summer Internships can take place in Pharmacies or Hospital Pharmacies in Turkey and abroad determined by the student, and Capstone Internships can take place in Pharmacies or Hospital Pharmacies announced by the Faculty and located within the provincial borders of Kyrenia and Nicosia.

**Article 15.** Attendance at internships is mandatory. The Internship Commission and/or the Advisor Faculty member supervises the student at the internship place when necessary. An official at the internship center approves the student's attendance to the internship. Students who do internship must comply with the working rules of the institution where they do their internship.

**Article 16.** Internships must be completed at the institution where they started, except for justified reasons to be approved by the Faculty Administrative Board.

**Article 17.** Internships approved by the Faculty Administrative Board can take place abroad. While the "Work Accident and Occupational Disease Insurance" is covered by the university for students of Turkish origin in internships to be held abroad, it is the responsibility of foreign students themselves and the student has to include documents showing the entry-exit confirmation pages in his passport when submitting the internship documents.

**Article 18.** The organization, coordination, evaluation and supervision of internships are carried out by the internship commissions appointed by the Faculty Administrative Board, in accordance with the principles and principles of the Undergraduate Education Internship Courses of the Faculty of Pharmacy of the Final International University.

**Article 19.** Internships can be done in the semesters after the semesters specified in the program, but not in the previous semesters.

#### **Article 20.**

- a) After the internship place is finalized by the internship commission, an "Internship Evaluation Form" is sent to the internship place by the Dean's Office.
- b) At the end of the internship, the internship evaluation form is filled in and signed by the internship manager and sent to the Dean's Office of the Faculty of Pharmacy of Final International University by mail or by hand through the student in a confidential sealed envelope.

#### **Article 21.**

- (1) Students who take the internship course prepare an "Internship Report" for each internship course in accordance with the principles determined by the commission of that internship course.
- (2) Internship reports are submitted to the relevant commission/Dean's Office until the date determined by the internship commission/Dean's Office.
- (3) In the case of not approving the Internship Report by the Advisor Faculty Member and/or the Internship Commission, the internship is repeated and the repeated internship period is excluded from the legal education period.

### **CHAPTER FIVE**

#### **Evaluation of Internships and Internship Exams**

**Article 22.** Students who have completed their Summer Internship period and whose Internship Reports have been approved are taken to the internship exams before starting their Term internship (at the end of the last summer internship).

**Article 23.** Internship exams are held twice a year, in the Fall and Spring Semesters, on the dates determined by the Internship Commission according to the University Academic Calendar and approved by the Faculty Administrative Board.

**Article 24.** Internship exams are evaluated in two stages, written and oral.

#### **Article 25.**

- (1) The Written Internship Exam is held by the Internship Commission at the end of the last Internship Period. The Written Internship Exam is evaluated as "Pass" or "Unsuccessful". A student who scores 60 (sixty) or more out of 100 (one hundred) from the Written Internship Exam is considered successful.
- (2) The student who is successful in the Written Internship Exam is entitled to start the End Internship.
- (3) Students who fail the Written Internship Exam are given the right to take the Make-Up Written Internship Exam within the same semester. Students who fail the Make-Up Written Internship Exam are obliged to do a Make-up Internship for 10 (ten) working days in the same semester. The Make-up Oral Internship Exam is held within the week following the completion of the Make-Up Internship period.

## **Oral Examination Article 26.**

(1) The Oral Internship Exam is held by the Oral Internship Exam Juries at the end of the last Internship Period.

(2) In the Oral Internship Exam; The exam is evaluated as "Passed" or "Unsuccessful" based on the oral exam, the Student's Presentation and the Internship Reports in the Internship File. (3) A student who fails the Oral Internship Exam is given the right to take the Make-Up Oral Internship Exam within the same semester. Students who fail the Make-Up Oral Internship Exam are obliged to repeat the Sixth Internship Period (20 (twenty) working days). The Make-up Written Internship Exam is held within the week following the completion of the Make-Up Internship period.

## **Miscellaneous and Final Provisions**

**Article 27.** In cases not included in this directive regarding internships, the provisions of the Final International University Teaching, Examination and Success Regulations are applied.

### **Effective**

**Article 28.** This directive comes into force from the date of its adoption by the Senate of the Final International University.

### **Execution**

**Article 29.** The provisions of this directive are carried out by the Dean's Office of the Faculty of Pharmacy of Final International University.



**FINAL INTERNATIONAL UNIVERSITY**

**“A series of forms that must be submitted”**



**NORTH CYPRUS TURKISH REPUBLIC  
INTERNATIONAL FINAL UNIVERSITY FACULTY OF PHARMACY  
MANDATORY INTERNSHIP FORM**

Photograph

To the relevant authority,

The students of the Faculty of Pharmacy at the International Final University are required to complete an internship at establishments and enterprises until the end of their educational period. We would like to thank you for your interest in allowing our student, whose information is provided below, to complete his/her internship at your institution for ... days. We wish you success in your endeavors.

**STUDENT'S REGISTRATION INFORMATION**

Name-Surname			
Student ID/Class		Academic Year	
Email Address		Phone Number	
Residence Address			

**DETAILS OF THE PLACE OF INTERNSHIP**

Name					
Address					
Production/Service Area					
Phone No		Fax No.			
Email Address		Website			
Start Date of Internship		End Date		Duration (working days)	

**DETAILS OF THE AUTHORIZED PERSON**

Name-Surname			
Position and Title		Signature/Stamp	
Email Address			
Date			

**STUDENT'S CIVIL REGISTRY INFORMATION** (To be filled out by the student if the internship application is accepted)

Surname		City of Registration	
Name		District	
Father's Name		Neighborhood - Village	
Mother's Name		Volume No	
Place of Birth		Family Sequence No	
Date of Birth		Sequence No	
ID Number		Issuing Authority	
ID Card Serial No		Reason for Issuance	
Social Security Number. No.		Date of Issuance	

STUDENT'S SIGNATURE	INTERNSHIP COMMITTEE APPROVAL	FACULTY APPROVAL
I hereby confirm that the information on the document is correct and I undertake to complete my internship at the mentioned company. I respectfully request the preparation of my internship documents regarding the mentioned company.  Date:	    Date:	    Date:

**"IMPORTANT NOTE: This document, approved by the internship place, must be submitted to the internship committee by the student themselves, along with 1 copy of ID card (mandatory) and 1 passport-sized photograph (to be attached), no later than the announced date.**



INTERNATIONAL FINAL UNIVERSITY  
FACULTY OF PHARMACY  
SUMMER INTERNSHIP ACCEPTANCE FORM-20\_

**Regarding the Intern**

Student ID :.....  
Name-Surname :.....  
Semester :.....

**Regarding the Pharmacy, Hospital Pharmacy, Industry, Clinical Research Laboratory, etc.:**

Official registered name :.....  
Field of work :.....  
Address :.....  
Phone :.....  
Website\Email :.....

**Regarding the Internship Supervisor:**

Name-Surname :.....  
Title :.....  
Type of Responsibility :.....  
Mobile :.....  
e-mail :.....

Acceptance Conditions: The internship application of the student whose information is provided above has been evaluated, and it has been deemed appropriate by the pharmacy/company supervisor for the student to carry out his/her internship at our pharmacy/company for \_\_\_ consecutive working days between \_\_\_ / \_\_\_ /20\_\_ - \_\_\_ / \_\_\_ /20\_\_.

Pharmacy Responsible or  
Human Resources Officer  
of the Company:

Name-Surname

Signature

Date

Pharmacy / Company Stamp

Faculty Stamp

**"IMPORTANT NOTE:** This document, approved by the internship place, must be submitted to the internship committee by the student themselves, no later than the announced date.



<b>Semester:</b>	<b>Year:</b> 20____/ 20____
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<b>Student First Name:</b>	<b>Student Surname:</b>
<b>Student ID:</b>	<b>Student Signature:</b>

<b>Assignment Title:</b>  <input type="checkbox"/> 1 – Community Pharmacy <input type="checkbox"/> 2 – Hospital Pharmacy <input type="checkbox"/> 3 – Industrial Company	<b>Name of the Company:</b>  <b>Signature &amp; Stamp:</b>
<b>Traineeship Period:</b>	<b>Traineeship Duration:</b>

\*\*\* Daily activity must be filled for each day of the traineeship.

<b>DATE</b>	
<b>DAILY ACTIVITY</b>	

<b>DATE</b>	
<b>DAILY ACTIVITY</b>	

<b>DATE</b>	2015
<b>DAILY ACTIVITY</b>	

**INTERNSHIP COVER PAGE**

<b>Name:</b>	<b>Surname:</b>
<b>Student Number:</b>	<b>Contact Email / Phone:</b>

<b>Task Title:</b> <input type="checkbox"/> 1. Community Pharmacy <input type="checkbox"/> 2. Hospital Pharmacy <input type="checkbox"/> 3. Industry	<b>Pharmacy / Hospital / Company Name:</b>
<ol style="list-style-type: none"><li>1. I declare that the attached work has been completed entirely by me, and wherever I have referenced the views or writings of others, these have been clearly and fully indicated.</li><li>2. I am aware of the consequences of late submission.</li><li>3. By signing below, I acknowledge that I have complied with the terms and conditions regarding plagiarism.</li></ol>	
<b>Student Signature:</b>	<b>Submission Date:</b>

<b>FOR STAFF USE ONLY</b>
<b>Overall Score:</b>
<b>Feedback Comments:</b>

<input type="checkbox"/> On Time	<input type="checkbox"/> Late Submission
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**FINAL INTERNATIONAL UNIVERSITY  
FACULTY OF PHARMACY  
TRAINEESHIP COMPLETION DOCUMENT  
COMMUNITY PHARMACY**

***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 Community pharmacy where traineeship is completed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional:

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

\_\_\_\_\_  
\_\_\_\_\_

**1.Student is aware of the materials that should be found in a pharmacy store and requirements/regulations to open a pharmacy store.**

(Öğrenci eczanede bulunması zorunlu malzemeler ve eczane açabilmek için gerekli olan donanım ve düzenlemeler hakkında bilgi sahibidir.)

YES

☐

NO

☐

**2.Student has enough knowledge about the drugs, products and other chemical substances that are found in the pharmacy store.**

(Öğrenci eczanede bulunan ilaçlar, ürünler ve diğer kimyasal maddeler hakkında yeterli derecede bilgi sahibidir.)

YES

☐

NO

☐

**3.Student gained the ability to control and track the stocks of drugs and other products in the pharmacy store and purchase drugs/products from the pharmaceutical stores when needed.**

(Öğrenci eczanede bulunan ilaçlar ve diğer ürünlerin stok kontrolünü yapabilmekte ve gerektiğinde ilaç depolarından teminini sağlayabilmektedir.)

YES

☐

NO

☐

**4.Student can use the computer program in the pharmacy store and is aware of the governmental regulations and paper work.**

(Öğrenci eczanede kullanılan bilgisayar programını kullanabilmekte ve ilaç satışı ile ilgili düzenlemeleri ve işlemleri bilmektedir.)

YES

☐

NO

☐

**5.Student is aware of the regulations of specific prescriptions regarding to narcotics (red- colored), psychotropic drugs (green-colored) and blood products (purple-colored) and has enough knowledge about the control and management of these drugs**

(Öğrenci, narkotik (kırmızı reçete), psikotrop (yeşil reçete) ve kan ürünleri ve kan faktörleri ile ilgili özel reçeteye tabi ilaçlarla ilgili düzenlemeleri bilir ve bu ilaçların kontrolü ve yönetimi hakkında yeterli bilgi sahibidir.)

YES

☐

NO

☐

**6.Student has enough knowledge about the vaccines, cold chain and special drugs that should be kept in refrigerator.**

(Öğrenci aşılar, soğuk zincir ve soğukta saklanması gereken ilaçlar hakkında yeterli bilgiye sahiptir.)

YES

☐

NO

☐

(Öğrenci son kullanma tarihi geçen ilaç/ürünlerin imhasını ve bununla ilgili yapılacak işlemleri bilmektedir.)

11

1

(Öğrenci, Sağlık Bakanlığının eczanelerle ilgili kanun ve düzenlemelerini bilmekte ve bunları takip edebilmektedir.)

10

10

(Öğrenci, eczanede bulunan bitkisel ürünler, beslenme destek ürünleri ve diğer doğal ürünlerle ilgili ve bunların düzenlemeleriyle ilgili yeterli bilgiye sahiptir.)

10



(Sorumlu personel tarafından öğrencinin eczanedeki performansının kısaca değerlendirilmesi 0 dan 10'a kadar)

**0** ..... **10**

(öğrencinin performansı ile ilgili yorumlar)

2015



**FINAL INTERNATIONAL UNIVERSITY  
FACULTY OF PHARMACY  
TRAINEESHIP COMPLETION DOCUMENT  
HOSPITAL PHARMACY INTERNSHIP**

***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: \_\_\_\_\_

Name, address, and phone number of the Hospital Pharmacy where the internship was conducted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional:

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

\_\_\_\_\_  
\_\_\_\_\_



**1. Is the student able to independently use the existing Drug/Medical Material Management System in the hospital-operating room pharmacy?** (Öğrenci hastane-ameliyathane eczanesinde mevcut İlaç/Tıbbi Malzeme Yönetim Sistemini kendi başına kullanabiliyor mu?)

**YES**

☐

**NO**

☐

**2. Is the student able to manage hospital drug/medical material inventory control?** (Öğrenci hastane ilaç/tıbbi malzeme stok kontrolünü yapabiliyor mu?)

**YES**

☐

**NO**

☐

**3. Is the student able to dispense drugs/medical supplies to inpatients in accordance with hospital regulations?** (Öğrenci yatan hastalara ilaç/tıbbi malzeme çıkışını hastane kurallarına uygun olarak yapabiliyor mu?)

**YES**

☐

**NO**

☐

**4. Is the student able to anticipate the need for drugs/medical supplies and aware of the necessary arrangements to be made for their procurement?** (Öğrenci ilaç/tıbbi malzeme ihtiyacını öngörebiliyor ve bunların temini için yapılacaklarla ilgili gerekli düzenlemeleri biliyor?)

**YES**

☐

**NO**

☐

**5. Is the student aware of the commissions in which the hospital pharmacist can take part, as well as the functions and responsibilities within these commissions?** (Öğrenci hastane eczacısının görev alabileceği komisyonları ve bu komisyonlardaki fonksiyon ve sorumluluklarını biliyor?)

**YES**

☐

**NO**

☐

**6. In which commissions has the student participated?** (Öğrenci şu komisyonlarda görev almıştır?)

a) "Drug/medical supply procurement committee" (İlaç/tıbbi malzeme satın alma komisyonu)

**YES**

☐

**NO**

☐

b) "Infection Control Committee" (Enfeksiyon Kontrol Komitesi)

**YES**

☐

**NO**

☐

c) "Drug and Therapeutics Committee" (İlaç Tedavi Komitesi)

**YES**

☐

**NO**

☐

(Öğrenci hastanede hazırlanan özel ilaç formülasyonları –bazı sıvılar, kemoterapötikler, beslenme destekleri ve ilaç formülleri- hakkında yeterli bilgi ve beceriye sahiptir.)

1

(Öğrenci narkotik (kırmızı reçete), psikotrop (yeşil reçete) ve kan ürünleri ve kan faktörleri ile ilgili özel reçeteye tabi ilaçlar ve bu ilaçların kontrolü ve yönetimi hakkında yeterli bilgi sahibidir?)

11

11

(Öğrenci, hastane eczanesinde çalışan eczacının görev ve sorumluluk kapsamını bilmektedir?)

1



(Sorumlu personel tarafından öğrencinin eczanedeki performansının kısaca değerlendirilmesi 0 dan 10'a kadar)

**EXCELLENT**

0 ..... 10

(öğrencinin performansı ile ilgili yorumlar)

2015



**FINAL INTERNATIONAL UNIVERSITY  
FACULTY OF PHARMACY  
TRAINEESHIP COMPLETION DOCUMENT  
INDUSTRY PHARMACY INTERNSHIP**

***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: \_\_\_\_\_

Name, address, and phone number of the institution where the internship was conducted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional:

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

\_\_\_\_\_  
\_\_\_\_\_

**1.Student's attendance status (Attended/Not Attended). Satisfactory or not?**

(Öğrencinin devam durumu (Katıldı/Katılmadı). Tatmin edici mi değil mi)

**YES**

☐

**NO**

☐

**2.Student's performance. Satisfactory or not?**

(Öğrencinin başarısı. Tatmin edici mi değil mi?)

**YES**

☐

**NO**

☐

**3.Application of academic knowledge (Successful/Unsuccessful)**

(Akademik bilginin uygulanması (Başarılı/Başarısız))

**YES**

☐

**NO**

☐

**4.Relations with the institution's staff. Satisfactory or not?**

(kurumun çalışanları ile ilişkiler Tatmin edici mi değil mi?)

**YES**

☐

**NO**

☐

**5.Did the student participate in ongoing projects?**

(Öğrenci devam eden projelere katıldı mı)

**YES**

☐

**NO**

☐

**6.Did the student work well on the project and contribute to its completion?**

(Öğrenci proje üzerinde iyi çalıştı ve projenin tamamlanmasına yardımcı oldu mu?)

**YES**

☐

**NO**

☐

**7.How was the student's engagement with the institution? Did the student gain knowledge about the pharmaceutical company and the future work of the pharmaceutical industry? Please provide a brief explanation.**

(Öğrencinin kurumla ilgisi nasıldı? Öğrenci, ilaç şirketi ve ilaç endüstrisinin gelecekteki çalışmaları hakkında bilgi sahibi oldu mu? lütfen kısa bir açıklama yapın.)

**YES**

☐

**NO**

☐

**8.Did the student comply with all the safety and security instructions of the institution?**

(Öğrenci, kurumun tüm emniyet ve güvenlik talimatlarına uydu mu)

**YES**

☐

**NO**

☐

**9.Öğrencinin öğretmeniyle ilişkisi nasıldı? Tatmin edici mi değil mi?**

(How was the student's relationship with their supervisor? Satisfactory or not?)

**YES**

☐

**NO**

☐

**10. Assessment of the student's performance in the pharmacy store by the staff in charge with the student (grade from 0 to 10).**

(Sorumlu personel tarafından öğrencinin eczanedeki performansının kısaca değerlendirilmesi 0 dan 10'a kadar)

**NOT SATISFACTORY**

**EXCELLENT**

**0 ..... 10**

**Comments about the student performance**

(öğrencinin performansı ile ilgili yorumlar)

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.....

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.....

.....

2015