**Student Final Evaluation report after summer practice**

**Name of Pharmacy, Address of Pharmacy:**

**---------------------------------------------------------------------------------------------------------------**

**Name of Pharmacist, responsible for Education:**

**--------------------------------------------------------------------------------------------------------------**

**Name of Student:-----------------------------------------------------------------------------------------**

**Duration of Summer Practice:-------------------------------------------------------------------------**

**Qualification level (please underline):**

**excellent**

**satisfactory**

**failed**

**Brief evaluation report:**

**Date:-----------------------------------------------------------------------------**

**Signature:-----------------------------------------------------------------------**

**Stamp --------------------------------------------------------------------------**