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|  | **EGE UNIVERSITY NURSING FACULTY****20…/20….**  **TRAINING MANAGEMENT REGISTRATION SYSTEM FORM** |  |

**No: Date:…../…../………**

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| **RECORDING SYSTEM STEPS** | **YES** | **NO** | **ATTACHMENTS** |
| **FEEDBACK** |
| **STUDENT FEEDBACK** |  |  |  |
| **I. Class**  |  |  |  |
| **II. Class** |  |  |  |
| **III. Class** |  |  |  |
| [**II. Class Application Module**](http://hemsirelik.ege.edu.tr/files/2.sinifmodul.pdf)  |  |  |  |
| [**III. Class Application Module**](http://hemsirelik.ege.edu.tr/files/2.sinifmodul.pdf)  |  |  |  |
| **IV. Class Internship** |  |  |  |
| **INTERNAL-EXTERNAL STAKEHOLDER FEEDBACK****(Every 3 years)** |  |  |  |
| **RECOMMENDATIONS** |
| **I. Class Course Executive Board** |  |  |  |
| **II. Class Course Executive Board** |  |  |  |
| **III. Class Course Executive Board** |  |  |  |
| **Internship Board**  |  |  |  |
| **Board, Commission, Committee, Working Group** |  |  |  |
| **Training Revision Working Group** |  |  |  |
| **Assessment and Evaluation Commission** |  |  |  |
| **RECOMMENDATIONS FOR THE EDUCATION COMMISSION** |  |  |  |
| **FACULTY COMMITTEE RESOLUTIONS** |  |  |  |

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| **Changes in Educational Management** | **Yes** | **No** | **Descriptions** | **Attachments** |
| **I. Class** |  |  |  |  |
| **II. Class** |  |  |  |  |
| **III. Class** |  |  |  |  |
| **IV. Class** |  |  |  |  |