

Registration office – College of Engineering

Summer Training Evaluation Form (Weekly Report)

student's Name	student's I.D.	Department	Week No.				
Summary of what has been done and its relation to courses taken in class							
The following section should be filled in by the training supervisor							
Organisation/		Department/					
Telephone#.		Fax #.					
Nature of the training	practical	theoretical	supervision	Duration	() Days	()Hours/day	
student's seriousness	Excellent	Good	Poor	student's attendance	Excellent	Good	Poor
student's benefits	Excellent	Good	Poor	General evaluation	Excellent	Good	Poor
Do you have any comment on what the student has written above?							
Supervisor's Name	Position	Signature	Stamp				
Remarks							
<ol style="list-style-type: none"> 1- The student should have ten copies of this form and fill it in for each week. 2- The form will be rejected in case of any change or distortion. 3- This form along with the others should be handed in after approval by the supervisor. 4- This form should be handed in to the training supervisor of the department 							