**Summer Training Evaluation Form (2 Weeks Report)**

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| --- | --- | --- | --- |
| **Student's Name** | **Student's I.D.** | **Department** | **Report #** |
|  |  |  | 1 | 2 | 3 | 4 | 5 |
| **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** |
| **Organization:** | **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** | 1. The student should have **five** 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 student assigned by the department (instructor of training course)
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