

Summer Training Evaluation Form (Confidential Report)

student's Name		student's I.D.		Department		Specialization	
Name of Establishment/ Company Offering Training							
Address							
Field of Specialization							
Department							
No. of training weeks		From: / /14 H, to: / /14 H		No. of training weeks			
Summary of student training program:							
student's Performance Evaluation				Good		Average	
Behaviour		Attendance					
		Compliance with instructions					
		Cooperation					
Capabilities		Understanding					
		Accountability					
		Team work					
		Independent work					
		Creativity					
Academic background							
General Evaluation During the Training Period							
Overall performance of the student:							
Supervisor's Name			Position			Signature	
						stamp	
Please send this form after filling to the Training Coordinator at the College of Engineering. P.O. Box 800 , Riyadh 11421 – Tel.: 4677107 - Fax 4676698							