

FORM (6)

Report on the Academic Supervisor Visits

A. Information about the student:

Student Name:

Student Number:

Specialization:

B. Information about the Training Organization:

Name of Training Organization:

Address:

Name of the on-job training Supervisor:

Position :

Phone: Fax:

C. General Information about Training:

Indicate the specific areas of the student training

D Visit 1:

Date:

Observations:

Academic supervisor signature:

On-job training supervisor signature and Organization stamp:

E. Visit 2 :

Date:

Observations:.....

Academic supervisor signature:

On-job training supervisor signature and Organization stamp:

1. **What is the primary purpose of the following sentence?**

F. Observations about the Training Organization

Based on the field visits you have done; do you recommend future training in this training institution?

Yes

1

Nc

1

If no, give the reasons:

Name of academic supervisor:

Position:

Date and signature: