FORM (8)

Attendance Form and Weekly evaluation

Student's Name: ..... **Student ID:** .....
Department: ..... **Company:** .....

S/N	Week	Attendance					Weekly evaluation					Remarks
		Sun	Mon.	Tue.	Wed.	Thu.	Sun	Mon.	Tue.	Wed.	Thu.	
1	From / / Till / /											
2	From / / Till / /											
3	From / / Till / /											
4	From / / Till / /											
5	From / / Till / /											
6	From / / Till / /											
7	From / / Till / /											
8	From / / Till / /											

Field Supervisor
Name: .....
Signature: .....

Company Manager
Name: .....
Signature: .....

Company Stamp
Date: ...../...../.....