

<b>Student Final Evaluation Form</b>
To be Filled by Training Advisor

Student Name : \_\_\_\_\_ ID: \_\_\_\_\_

Major : \_\_\_\_\_

Training Period- From: \_\_\_\_\_ To: \_\_\_\_\_

Please rate the student for the following items :			
	Item	Max-Mark	Score
1	Company Profile	10%	
2	Training Plan & Schedule	10%	
3	Progress Report	20%	
4	Employer' Evaluation	20%	
5	Final Report	20%	
6	Presentation	20%	
76	Total of 100	100%	

Advisor Name : \_\_\_\_\_

Dtae: \_\_\_\_\_

Advisor Signature : \_\_\_\_\_