**Student Training File**

**Check List**

Student Name :……………………………………………………………………………………………

Student ID :….….…………………………………………………………………………………………… Department :…………………………………………………………………………………………………. Mobil:…………………………………………………………………………………………..……………….

Year and Semester:………………………………………………………………………………………

Please check for availability of the listed items:

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Item** | **Check** | **Remarks** |
|  1 | Host Institution Training Confidential Report |

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|  2 | Student Survey  |

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|  3 | Monthly Report |

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|  Training Advisor Name: …………………………………………………………  |
| Evaluation Result: |  | Approved |  | Not Approved |
| Date: ………………………… |  | Signature: ……………………… |
| Head of Department Name: ………………………………………………… |
| Evaluation Result: |  | Approved |  | Not Approved |
| Date: ………………………… |  | Signature: ……………………… |