**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 | |  | | --- | |  | |  |
| 2 | Student Survey | |  | | --- | |  | |  |
| 3 | Monthly Report | |  | | --- | |  | |  |

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