Student Training File: Check List

A- This section is to be filled by the student

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

Student ID: …………………………………………………..………

Department: ……………………………………………………………

Phone No: …………………………………………………….…

Academic Year: ………………………………………………….…

Semester: …………………………………………………………...

B- This section is to be filled by the liaison officer in the student's department at the University of Jordan

Please check for availability of the listed items:

No.	Item	Check	Remarks
1	Weekly Reports [Form ENG-TR-02]	☐	
2	Confidential Report [Form ENG-TR-03]	☐	
3	Technical Report	☐	
4	Proof of Registration and Payment	☐	

Training Liaison Officer Name: …………………………………………………………

Result: ☐ Satisfactory ☐ Unsatisfactory

Date: ……………………… Signature: ………………………