



IT-Form-1: Industrial Training Plan

To be filled by student in collaboration with CUFE Training supervisor and the Industrial Establishment

Student Data			
Name		Mobil	
Home Address		Email	
CHS- Program		Status	
Completed Credit		C-	
First or Second	IT-1		IT-2
Industrial Establishment Data			
Name		Telephone	
Address		Fax	
Contact Person		Mobile/email	
Training Mentor		Mobile/email	
Training Program outline and topics to be covered should be defined in common between CUFE and/or representative of establishment offering training, if possible			
Description of Training Program			
Duration of Training	From		To
Training Days and Hours	Days		Hours
Training Program Outline			
Distribution of Tasks over Weeks	Week 1		
	Week 2		
	Week 3		
	Week 4		
	Week 5		
	Week 6		
Expected Technical Skills Gained by the End of Training			
Persons Responsible for Monitoring of Training			
Training Supervisor (CUFE)	Name and Title		
	Telephone		Email
Training Mentor (Ind. Establishment)	Name and Title		
	Telephone		Email
CUFE Program Coordinator	Name and Title		
	Telephone		Email

Use additional sheets if necessary



IT-Form-2: Monitoring of Training Activities

Student Data				
Name		Mobile		
Home Address		Email		
CHS- Program		Status		
Completed Credit		C-GPA		
First or Second	IT-1		IT-2	
Industrial Establishment Data				
Name		Telephone		
Address		Fax		
Contact Person		Mobile/email		
Training Mentor		Mobile/email		
Performance Report				
Ind. Establishment Training Mentor Evaluation of Trainee Performance (Use Additional Sheets if Necessary)				
Company Official Stamp				
Training Mentor Signature	Signature		Date	
CUFE Training Supervisor Monitoring Report				
Dates of CUFE Supervisors Follow Up Visits				
CUFE Training Supervisor Signature	Signature		Date	



IT-Form-3: Final Evaluation Form

Student Data				
Name			Mobile	
Home Address			Email	
CHS- Program			Status	
Completed Credit Hours			C-	
First or Second Course	IT-1		IT-2	
Industrial Establishment Data				
Name			Telephone	
Address			Fax	
Contact Person			Mobile/email	
Training Mentor			Mobile/email	
Evaluation of Final Report				
Report Title				
Date of Submission				
Comment on Overall Quality of the Report				
Evaluation of Oral Presentation				
Comment on Presentation Quality and Student Response to Oral Questions				
Final Evaluation				
	Report (30 marks)	Presentation (40 marks)	Course Work (30 marks)	Total (100 marks)
Grade Examiner 1				
Grade Examiner 2				
Grade Examiner 3				
Average				
Final Decision	Pass		Fail	

Additional Comments of Examiners

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Examination Panel				
Examiner- 1 (Name and Affiliation)			Signature	
Examiner -2 (Name and Affiliation)			Signature	
Examiner -3 (Name and Affiliation)			Signature	
Date of Examination Meeting				