

FORM (1)

Summer Training Application

Student's Name:

University ID:

Specialization:

Mobile number:

E-mail:

Student signature:

Date:/...../.....

Registration Conditions:

1. The student must pass 80 credit hours.
2. The student should not register any other course with training.
3. The student should submit this form, after completing it, to the department training coordinator with a copy of his academic record.

To be filled by the department training coordinator	
Cumulative average	
Passed hours	
Hours registered for the current semester	
Total (≥ 80)	
Status (Accepted – Not acceptable - Pending)	

FORM (2)

Summer Training: Joining Notification

Student's Name:

University ID:

Specialization:

Mobile Number:

E-mail :

Student Signature:

Company:

Start Date of the Training:/...../.....

Company Address:

Field Supervisor Name :

Position :

Phone : Fax:

E-mail :

Field Supervisor Signature :

Company Stamp:

Please do not allow the student to continue training if he is absent for five days or more.

Student must submit this form to the Department Training Committee or fax it to 0146544903 during the first week of training.

FORM (3)

Student Training Plan (This document concerns private companies)

Student's Name:
University ID:
Specialization:
Company:

Student Training Plan

Week number	Weekly training program
The first	
The second	
The third	
The fourth	
The Fifth	
The sixth	
The Seventh	
The eighth	

Signature and company stamp

The Department Opinion

Approved

Not Approved

Reason(s) if not approved:

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Head of Department

Dean of the Institution

Signature ()

Signature ()

FORM (4)

Summer Training Preferences Form

<p>Data filled by the student</p>	<p>Student's Name:</p> <p>University ID:</p> <p>Department:</p> <p>Current Level:</p> <p>E-mail:</p> <p>Training preferences:</p> <ol style="list-style-type: none"> 1. 2. 3. 4. 5. <p style="text-align: right; margin-top: 20px;">Name:</p> <p style="text-align: right;">Signature:</p> <p style="text-align: right;">Date:.....</p>
<p>Data filled by The Department Training Committee</p>	<p>The student is assigned to:</p> <p>.....</p> <p>Coordinator of the Department Training Committee</p> <p>Dr./</p> <p>Signature/</p> <p>Date/</p>

FORM (5)

Attendance Form and Weekly evaluation

Student's Name: Student ID:
Department: Company:

S/N	Week	Attendance					Weekly evaluation					Remarks
		Sun	Mon.	Tue.	Wed.	Thu.	Sun	Mon.	Tue.	Wed.	Thu.	
1	From // Till //											
2	From // Till //											
3	From // Till //											
4	From // Till //											
5	From // Till //											
6	From // Till //											
7	From // Till //											
8	From // Till //											

Field Supervisor

Company Manager

Company Stamp

Name:

Name:

Date:/...../.....

Signature:

Signature:

FORM (6)

Summer Training Follow - up Report # ()

Student Name	
Academic Number	
Company	
Field Supervisor	
Student Signature and Date	

Work assigned to the student during the previous period of training:

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List what has been accomplished:

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List the reasons (if exist) that prevented the completion of the student's work:

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FORM (7)

Report on student progress

Student Name:

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University ID: **Department:**

Company:

Mobile Number:

Training Period:

Week Number:

For the period mentioned, answer the following questions:

<p>1. What are your responsibilities or loads during training?</p>	
<p>2. What technical skills did you acquire during training?</p>	
<p>3. What did you learn during theoretical study and saw or applied it during training?</p>	

<p>4. Does the company support and assist you during your training?</p> <p>What difficulties did you encounter during your training, if any?</p>	
<p>5. What skills can you use to improve your performance in training?</p>	
<p>6. What important relationships did you have during your training with your field supervisor or other staff?</p>	
<p>7. What areas do you think you still need to improve?</p>	
<p>8. Other suggestions?</p>	

Note: Use extra paper if necessary

Student signature:

Date:/...../.....

FORM (8)

Report on the Academic Supervisor Visits

A. Information about the student:

Student Name:

Student Number:

Specialization:

B. Information about the Training Organization:

Name of Training Organization:

Address:

Name of the on-job training Supervisor:

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Position :

Phone : Fax :

C. General Information about Training:

Indicate the specific areas of the student training

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D. Visit 1:

Date:

Observations:.....

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Academic supervisor signature :

On-job training supervisor signature and Organization stamp:



E. Visit 2 :

Date:.....

Observations:.....
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Academic supervisor signature:

On-job training supervisor signature and Organization stamp:

F. Observations about the Training Organization

Based on the field visits you have done; do you recommend future training in this training institution?

Yes

No

If no, give the reasons:

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Name of academic supervisor :.....

Position:

Date and signature:

FORM (9)

Field Supervisor Evaluation

a. Student Information:

Student's Name:

Student ID:

Specialization:

b. Field supervisor Information :

Company:

Name of the field supervisor:

Position:

Phone Number: Fax Number:

c. General Training Information:

1. Describe in detail the areas in which the student was trained? (Extra document can be added if necessary)

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2. Did the student have a specific job ? (Yes / No) ... If yes, please specify the type of this work.
(Extra document can be added if necessary)

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3. Your over all impression about student training :

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4. Did you have any comment(s) and/or suggestion(s) to improve the level of training ? (Extra document can be added if necessary)

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d. Student Performance Evaluation:

Please choose the appropriate grade and place it in the corresponding box.

(Excellent = 5, Very Good = 4, Good = 3, Accepted = 2, Poor = 1)

1. Student attendance	
Please do not allow the student to continue training if he is absent for five days or more.	

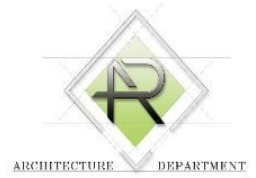
2. Interest for training and enthusiasm for work	
3. Cooperation with others	
4. Productivity and quality of work assigned	
5. Theoretical information use	

Total score (Out of 25)

Company Stamp



Architecture Department



I report to the training department at the Nile institution of engineering and technology that I personally supervised the training of the student named above for the period from:

...../...../ 20... to/...../ 20...

Signature of the Field Supervisor

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(The training department of the Nile institution of engineering and technology will not adopt this report if it is not stamped by the company)

Company Stamp

Summer Training Evaluation

Department:

Student Name:

Student ID:

Training Location:

Total----- /100

Academic supervisor's evaluation: -----/25

Field supervisor's evaluation -----/25

SKILLS /CATEGORY	RATINGS (Level of Achievement)					SCORE	Code
	20%	40%	60%	80%	100%		
Oral presentation and defense -----/20	Presentation is uninspired and/or monotonous and/or student reads from slides	Quality of presentation is mixed: sometimes clear, sometimes hard to follow.	Mostly clearly spoken. Sometimes monotonous in some places.	Clearly spoken in such a way that It keeps audience's attention.	Relaxed and lively though concentrated presentation. Clearly spoken in such a way that It keeps audience's attention.	----/4	O1
	Language and interest of audience hardly taken into consideration.	Language and interest of presentation at a couple of points not appropriately targeted at audience.	Language and interest of presentation mostly targeted at audience.	Language and interest of presentation well-targeted at audience.	Take-home message is clear to the audience. Language and interest of presentation well-targeted at audience.	----/4	O2
	Timing not well kept (at most 40% deviation from planned time).	Timing not well kept (at most 30% deviation from planned time).	Timing is OK (at most 20% deviation from planned time).	Timing is OK (at most 10% deviation from planned time).	Presentation finished well in time.	----/4	O3
	Student is able to answer only the simplest questions	Student answers at least half of the questions appropriately.	Student is able to answer nearly all questions in an appropriate way.	Student is able to answer all questions in an appropriate way, although not to-the-point in some cases.	Student is able to give appropriate, clear and to-the-point answers to all questions.	----/4	O4
	Presentation has unclear structure.	Presentation is structured, though the audience gets lost in some places.	Presentation has a clear structure with only few exceptions.	Presentation has a clear structure. Mostly a good separation between the main message and side-steps.	Presentation clearly structured, concise and to-the-point. Good separation between the main message and side-steps.	----/4	O5

SKILLS /CATEGORY	RATINGS (Level of Achievement)					SCORE	Code
	20%	40%	60%	80%	100%		
Report -----/20	Formulation of goals and framework is not clear.	Formulation of goals and framework is clear, but link between tasks and goals is not clear.	Formulation of goals and framework is clear, but link between tasks and goals is not always clear.	Formulation of goals and framework is clear.	Clear formulation of goals and framework. Both are well linked with all aspects of the internship.	----/4	R1
	There is some discussion of underlying theories, but the description shows serious errors.	Student has found the relevant theories, but the description has not been tailored to the project at hand or shows occasional errors.	Student has found the relevant theories, and has been partially successful in tailoring the description to the internship at hand. Few errors occur.	Student has found the relevant theories, makes a synthesis of those	Clear, complete and coherent overview of relevant theories.	----/4	R2
	Only a couple of relevant literature references in the reference list.	Some relevant literature in reference list but also significant body of irrelevant literature.	Relevant literature in reference list but some references are less relevant.	Used literature is relevant for the goal of the internship. An occasional reference may be less relevant.	Used literature is relevant for the goal of the internship.	----/4	R3
	Insufficient information on methods and insufficient analysis of the information.	Some aspects of the project regarding methods and analysis of information are described insufficiently.	Description of methods and analysis of information/data is lacking in a number of places.	Description of methods and analysis of information/data is mostly complete, but there are lacking some details.	Description of methods used and analysis of the information is appropriate, complete and clear.	----/4	R4
	Conclusions are drawn, but in many cases only address part of the goals. Conclusions merely repeat results or conclusions are not substantiated by results.	Conclusions are linked to the goals, but not all goals are addressed. Some conclusions are not substantiated by results or merely repeat results.	Most conclusions well-linked to goals and substantiated by results. Conclusions mostly formulated clearly but some vagueness in wording.	Clear link between goals and conclusions. All conclusions substantiated by results. Conclusions are formulated exact.	Clear link between goals and conclusions. Conclusions substantiated by results. Conclusions are formulated exact and concise. Conclusions are grouped/ordered in a logical way.	----/4	R5
Task(s) performed -----/10	No task performed	Poor specification of the task, its context and its inputs / outputs	The specifications of the task are clear but do not highlight the work done	The specifications of the task are clear. Link between performed task and the work environment is well presented. The work requested was well done.	The specifications of the task are clear. Link between performed task and the work environment is well presented. The requested work was done in a perfect way.	----/10	T1

Evaluation Committee:

Academic supervisor:

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Department Head:

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