



SUMMER TRAINING STUDENT'S EVALUATION (CONFIDENTIAL)	()
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Student Name:	KFUPM ID:
Major:	Starting Date of Training:
Brief Description of the Training Job:	

Please rate the student for the following items on a scale from 0 to 10 score:

	Score	
• Enthusiasm and interest in work		•
• Attitude towards delivering accurate work		•
• Quality of work output		•
• Initiative in taking tasks to complete		•
• Dependability and reliability		•
• Ability to learn and search for information		•
• Judgment and decision making		•
• Maintaing effective relations with co-workers		•
• Ability of reporting and presenting his work		•
• Attendance		•
• Punctuality		•

• Overall rating for the student's performance	Poor	Marginal	Good	V. Good	Excellent	:		•
• Comments:								

Supervisor Name:	Signature:
Position:	Date:
Company/Organization: (Please affix company stamp)	Phone: Fax: E-Mail:

Please complete this form and send it to: _____ :

Assistant Dean for Educational Affairs
 KFUPM – P.O. Box 5028
 Dhahran 31261

Phone: (03) 860-3062 or 2956 :
Fax: (03) 860-2619 :