

(Entry by Responsible Person for On-the-Job Training)

Please fill out this form, put it in the prescribed envelope, seal it, and give it to the student on the final date of his/her On-the-Job training.

* Please select from the pull down

On-the-Job Training Evaluation

Date: _____

Name of organization									
Responsible Person for On-the-Job training		Position: Name: Signature							
Student						Department			
		Student ID				Name			
Training period		Jan. () 2022 - Feb. () 2022							
Health condition									
Evaluation date		day		month		year			
Evaluation	Work situation	Present	days	Absent	days	Coming in late	days	Leaving early	days
	Work attitude								
	Observation								
Other Remarks etc., for the university (including important confidential matters)									