

(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

Project-based 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		Mar. 1 (Thu) 2022 - Jun. 9 (Tue) 2022					
Health condition							
Evaluation date		day		month		year	
Evaluation	Work situation	Present	days	Absent	days	Coming in late	days
	Work attitude						
	Observation						
Other Remarks etc., for the university (including important confidential matters)							