



VAAL UNIVERSITY OF TECHNOLOGY
FACULTY OF ENGINEERING
INDUSTRIAL ENGINEERING
EVALUATION OF EXPERIENTIAL TRAINING

This document must be completed by the student and the employer for each semester of experiential training, and must be certified as correct by the employer.

SEMESTER 1 (P1)		SEMESTER 2 (P2)	
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TRAINING PERIOD	FROM		TO	
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STUDENT INITIALS & SURNAME	
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STUDENT NUMBER		IDENTITY NUMBER	
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COMPANY	
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COMPANY ADDRESS		
		TEL NR

MENTOR	
JOB TITLE	
TEL NR	

SUPERVISOR	
JOB TITLE	
TEL NR	

EVALUATION OF STUDENT'S FUNCTIONAL DIMENSIONS

ELEMENT	EVALUATION MARK (%)	SIGNATURE (Supervisor)
1. Technological knowledge		
2. Assertiveness		
3. Mental skills		
4. Communication skills		
5. Interpersonal skills and teamwork		
6. Supervisory and management skills		
7. Professional growth		
8. Judgement		
9. Working pace		
10. Punctuality		
11. Dress		
12. Attendance		

EVALUATION BY MENTOR

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REMARKS ON THE STUDENT'S PROFESSIONAL GROWTH AND DEVELOPMENT

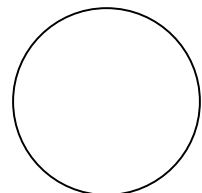
It is hereby declared that the information contained in this document is correct and that the student has done the prescribed training for the period indicated.

NAME

POSITION

SIGNATURE

DATE



OFFICIAL STAMP

ECSA REGISTRATION CATEGORY
(Pr Eng or Pr Tech (Eng) or Reg Eng Tech?)

ECSA REGISTRATION NUMBER

EVALUATION OF EXPERIENTIAL TRAINING

SEMESTER 1 (P1)		SEMESTER 2 (P2)	
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STUDENT INITIALS & SURNAME	
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STUDENT NUMBER		IDENTITY NUMBER	
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EVALUATION BY UNIVERSITY AS MODERATOR

REMARKS:

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FINAL MARK:

.....%

The experiential training of this student has been controlled. The report of experiential training as contained in this document is acceptable / not acceptable.

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HEAD OF DEPARTMENT

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DATE

ECSA REGISTRATION OF HEAD OF DEPARTMENT:

ECSA REGISTRATION CATEGORY
(Pr Eng or Pr Tech (Eng) or Reg Eng Tech?)

ECSA REGISTRATION NUMBER