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| LOGO BARU UM | **DEPARTMENT OF URBAN AND REGIONAL PLANNING** **FACULTY OF THE BUILT ENVIRONMENT****University of Malaya, 50603 Kuala Lumpur** **Tel. No.: 03-7967 5320 Fax No.: 03-7967 5713** |

Note: This form should be treated as confidential.

### **SECTION A: STUDENT INFORMATION**

|  |  |
| --- | --- |
| Name: | |
| Course code & Course : **BUEU 4281 (INDUSTRIAL TRAINING)** | |
| Session : | Matrix No.: **BEU** |

###### SECTION B : ORGANISATION/FIRM

|  |  |  |
| --- | --- | --- |
| Name : |  | |
| Address : |  | |
| Tel /Fax No: |  | |
| Name of Visiting Lecturer |  | |
| Date & Time of visit: |  | |
| Program Duration : | 20 Weeks | From :  To  : |

**SECTION C: EVALUATION BY VISITING ACADEMIC SUPERVISOR (20%): (Interview with students)**

Please tick (/) where applicable.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DOMAIN PO** | **Very Poor**  **(1)** | **Poor**  **(2)** | **Satisfactory (3)** | **Good**  **(4)** | **Excellent**  **(5)** |
| **P02 : PRACTICAL SKILL**  CO1: Ability of the trainee to apply knowledge gained from classes to the real tasks |  |  |  |  |  |
| **P04 : VALUE, ATTITUDE, PROFESSIONALISME**    CO2: Trainees’ technical and soft skills required in urban planning and management  CO3: Trainee’s professional values and work ethics |  |  |  |  |  |
| **P07 : LONG LIFE LEARNING AND INFORMATION MANAGEMENT**  CO4: Trainee’s understanding on the role and scope of work of Urban Planners within Built Environment |  |  |  |  |  |

**SECTION D: EVALUATION BY VISITING LECTURER (Based on interview with supervisor)**

Please tick (/) where applicable.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FACTORS** | **Very Satisfactory** | **Satisfactory** | **Unsatisfactory** | **Very unsatisfactory** |
| Suitability of Workplace |  |  |  |  |
| Suitability of Work scope/task given |  |  |  |  |
| Suitability of Working environment/colleagues |  |  |  |  |

**SECTION E: ADDITIONAL COMMENTS AND/OR SUGGESTIONS**

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**SECTION F: DECLARATION**

I hereby certify that the overall performance of the student undergone this program has been **\* very poor/poor /satisfactory/good/excellent.**  (\* delete where appropriate)

Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Stamp :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_