



UNIVERSITI UTARA MALAYSIA
PERFORMANCE APPRAISAL ON PRACTICUM OVERSEA
PRACTICUM SESSION: _____

SECTION 1-GENERAL INFORMATION (TO BE COMPLETED BY STUDENT)

1. REPORT DATE : _____

2. NAME : _____

3. STUDENT ID. : _____

5. SPONSORSHIP * : UUM
 SELF SPONSOR
 OTHERS

6. ORGANISATION POSTAL ADDRESS AND POSTCODE

TEL.NO.:

7. ORGANISATION'S SUPERVISOR DETAILS

i. Name of Supervisor :		
ii. Department & Designation	iii. Date of First Report Duty	iv. Expected Date of Completion

* Please tick (/)

8. PROJECT DETAILS

i. List of projects to be completed:

ii. List of projects completed:

iii. Status of practicum report writing:

- (a) Chapter drafted : _____
(b) Chapters approved : _____
(c) Chapters yet to be written : _____

v. Expected date of submission : _____

vii. Date of presentation (*if related) : _____

I certify that the statements above are true, complete and correct.

(Signature of Student)

(Date)

SECTION II – STUDENT’S PERFORMANCE STUDENT’S RATING (To be completed by Supervisor)

1. Frequency of meeting with Supervisor during period of this report.

Seldom Sometimes Often Very Often

[Please tick (/)]

2. PROJECT PROGRESS (Please use the following scale)

┌──────────┴──────────┬──────────┬──────────┬──────────┬──────────┐
1. Poor 2. Fair 3. Good 4. Very Good 5. Excellent

i. Student’s project progress according to approved plan of practicum
(please used the above scale)

ii. Please comment.

3. STUDENT’S RATING (Please use the following scale)

┌──────────┴──────────┬──────────┬──────────┬──────────┬──────────┐
1. Poor 2. Fair 3. Good 4. Very Good 5. Excellent

i. Commitment
(Dedicated in pursuing projects)

ii. Integrity
(Performs task with intellectual honesty)

iii. Discipline
(Adheres to rules and regulations)

iv. Work quality and efficiency
(Produces good work within specified time)

v. Overall perspective
(Able to view issues from a broader perspective)

vi. Ability to work independently

vii. Attendance
(Attends meetings regularly)

viii. Language proficiency
(student’s command of the language of instruction)

Signature : _____

Name of Supervisor : _____

Department's Official seal : _____

Date : _____