

APPLICABLE TO ALL RETURNING STUDENTS

STUDENT ASSESSMENT FORM

To Be Completed By Principal/Director of Institute

Student's Name: Passport #:.....

Start Date of Student's Previous Course/Academic Period:

End Date of Student's Previous Course/Academic Period:

Number of Sessions/Days Comprising Course:

Number of Sessions Student Actually Attended:

Comments regarding & Reasons for Absences (if any)

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Comments on Academic/Technical Progress & Performance, (G.P.A.):

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Comments On Conduct:

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Do You Recommend the Grant of Another Student Permit? Give reasons for your Positive or Negative Response:

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Signature of Principal/Director of Institute,

DATE & Official Stamp of Institute