	PERKHIDMATAN UTAMA **PRASISWAZAH** **PEJABAT TIMBALAN NAIB CANSELOR** **(AKADEMIK & ANTARABANGSA)** Kod Dokumen: PU/PS/BR16/AJR
	TEACHING TRAINING & INTERNSHIP REPORT FORM (SEMESTER _____ SESSION _____)

Trainee's name: _____ Matric Num: _____

Programme: _____ Sem: _____ Gender: _____ Date: _____

School: _____ Form: _____

Subject: _____ Time: _____ No. of students _____

Title: _____ Supervisor: Major / Minor*

Counseling Session: _____

Note the strenghts and weaknesses of trainee as well as suggestions to improve effectiveness of lesson/ trainee's counseling session:

…… .....

(Name of student:) (Name of Supervisor:)

** Cut out any that do not apply.*