



**FACULTY OF ELECTRICAL ENGINEERING
UNIVERSITI TEKNOLOGI MARA**

VISITING LECTURER'S SURVEY FORM

Date of Visit :

Student Information

Name :	Student ID :
Program Code :	Part :
Date of Commencement :	Date of Completion :

Training Supervisor Information

Name:	Designation :
Organization :	

Visiting Lecturer's Information

Name:	Centre for :
-------------	--------------------

Tick (/) at appropriate scale.

A. ORGANIZATION

Criteria	Scale				
	1 - Very Poor	2 - Poor	3 - Satisfactory	4 - Good	5 - Excellent
1. Suitability for technical training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Training benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Suitability of training environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Prospect of employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. STUDENT

Criteria	Scale				
	1 - Very Poor	2 - Poor	3 - Satisfactory	4 - Good	5 - Excellent
1. Does the training have initial planning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the organization provide supervision to the student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the scope of work related to theoretical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How do you classify your overall training?					
a) Challenging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Fulfilled objective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Fulfilled expectation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. FACULTY

Criteria	Scale				
	1 - Very Poor	2 - Poor	3 - Satisfactory	4 - Good	5 - Excellent
1. Suitability for collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Suitability for research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the organization main activity can contribute to the curriculum environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discussion with organization

Visiting lecturer's comment towards the industry

Visiting Lecturer's Signature & Official Stamp:

Date : _____

