

	FAKULTI PENGURUSAN UNIVERSITI TEKNOLOGI MALAYSIA 81310 UTM, SKUDAI, JOHOR	Student Name: _____ I/C No. : _____ Company's Name: _____
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This evaluation will be strictly confidential and for academic purposes only	STUDENT'S EXIT FORM
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Please tick (/) according to your response

←—————→
 Unsatisfactory Excellent

1. Tasks Assigned	1	2	3	4	5	6	7	8	9	10
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Comments : _____

2. Supervisor	1	2	3	4	5	6	7	8	9	10
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Comments : _____

3. Peers / Colleagues	1	2	3	4	5	6	7	8	9	10
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Comments : _____

4. Facilities / Work Environment	1	2	3	4	5	6	7	8	9	10
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Comments : _____

5. Others (Please Specify)	1	2	3	4	5	6	7	8	9	10
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Comments : _____

Overall Comments: _____

Student's Signature: _____ Date : _____