

CT-03

Attendance and departure form

Name (full name):

Student ID:

Phone number:

Specialty:

Training start date:

Training end date:

	Week	Date	Attendance	Departure	Training supervisor comments
			Signature	Signature	
1	1				
2	2				
3	3				
4	4				

Training supervisor Name

Job title

Date

Signature

Completed by the training supervisor and delivered to the academic supervisor at the end of training