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FACULTY OF ELECTRICAL ENGINEERING  
UNIVERSITI TEKNOLOGI MARA

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**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					Marks Obtained
	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"/>	/5
2. Training benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/5
3. Suitability of training environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/5
4. Prospect of employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/5

**B. STUDENT**

Criteria	Scale					Marks Obtained
	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"/>	/5
2. Does the organization provide supervision to the student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/5
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"/>	/5
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"/>	/5
b) Fulfilled objective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/5
c) Fulfilled expectation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/5

**C. FACULTY**

Criteria	Scale					Marks Obtained
	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"/>	<b>/5</b>
2. Suitability for research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>/5</b>
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"/>	<b>/5</b>

**(Total Marks = (    /65 )**

Indicator	
Very Poor	0 - 19 Marks
Poor	20 - 29 Marks
Satisfactory	30 - 39 Marks
Good	40 - 49 Marks
Excellent	50 - 65 Marks

**Discussion with organization**

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**Visiting lecturer's comment towards the industry**

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**Visiting Lecturer's Signature & Official Stamp:**

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**Date :** \_\_\_\_\_