



KABU/FIN/F006

FINANCE DEPARTMENT
TEACHING PRACTICE/ATTACHMENT/CLINICAL/JUDICIAL
ASSESSMENT FORM

This is to confirm that:

Prof./Rev./Dr./Mr./Ms./..... Signature:

Visited this organization on/...../..... to assess:

S/No	Student's Name	Registration No.	Signature	Date
1.				
2.				
3.				

(Where, more than 3 students, kindly attach the list of students attached to the same work station)

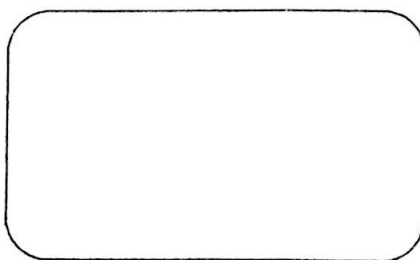
Who is/are on teaching practice/attachment/clinical/judicial attachment in this organization:

Name of Organization: Town:

Name of Supervisor: Designation:

Signature: Date:

Organization Stamp:



Kabarak University Moral Code

As members of Kabarak University family, we purpose at all times and in all places, to set apart in one's heart, Jesus as Lord.
(1 Peter 3:15)



KABARAK UNIVERSITY IS ISO 9001:2015 CERTIFIED