



Sultan Qaboos University
College of Engineering
 Office of Assistant Dean for
 Industrial Training and Community Services

Weekly Report

Week #: ____

Date: _____

Student	Full Name:	ID:
	Department : <input type="checkbox"/> CAE <input type="checkbox"/> ECE <input type="checkbox"/> MIE <input type="checkbox"/> PCE <input type="checkbox"/> MCE	Mobile:
Supervisor	Full Name:	Email:
	Training Company & Department:	Tel./Mobile:

Tasks Completed (Briefly Describe any tasks that you completed during this week):

•	•
•	•
•	•

Tasks in Progress (if any):

•	•
•	•
•	•

Plan for next week (if different from this week):

•	•
•	•
•	•

Problems/Challenges/Recommendations (if any):

Supervisor Comments (your feedback is very important for our continuing improvement):

Student:

I have read and understood the whole content of the Students' Training Manual.

Signature:

Supervisor:

I will do my best to guide the student towards achieving all required deliverables.

Signature:

Note: A copy of this report should be faxed to 24413416 or scanned and emailed to your SQU supervisor on a weekly basis. **Originals should be placed in the Appendix of the Final Report.**