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| **KINGDOM OF SAUDI ARABIA****Ministry of Education****KING FAISAL UNIVERSITY****College of Computer Sciences and IT****Cooperative Training Committee** | KFU Logo. click to go to main page | **المملكة العربية السعودية****وزارة التعليم** **جَامِعَة الملِك فيصَل**  **كلية علوم الحاسب وتقنية المعلومات****لجنة التدريب التعاوني** |

Follow-up Form:

**Section 1: Site Contact Information**

The student must complete the Site Contact Information section and submit it to their faculty supervisor by the end of Week 1.

*[Note. The student must resubmit the form to his/her faculty supervisor every time he/she switches to another unit, division, or department.]*

**Section 1.1: Student Information during Internship**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: CIS CS CN CE

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work hours: From \_\_\_\_ am/pm To \_\_\_\_ am/pm

(Shift 2 if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 1.2: Internship Site Information**

Employer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 1.3: Site Supervisor Information**

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| **Main Supervisor** | **Alternative Supervisor** |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Office Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Best Time to be contacted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Office Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Section 1.4: Faculty Supervisor**

Faculty Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section 2: Co-op Training Plan**

The student must complete the Co-op Training Plan section and submit it to their faculty supervisor by the end of Week 3. This section **accounts for 5% of the total grade**.

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| **2.1 Co-op Training Plan***[Note. The Co-op Training Plan must be completed by the site supervisor].* |
| **Period**  | **Co-op Training Task (Please specify the relevant training unit or department when outlining the Co-op training tasks for the student)** |
| 1st Month |  |
| 2nd Month |  |
| 3rd Month |  |
| 4th Month |  |
| 5th Month |  |
| 6th Month |  |

**2.2 Please specify the technological track related to the student's training:**

🞏 Artificial Intelligence

🞏 Cybersecurity

🞏 Data Science

🞏 Internet of Things

🞏 Other. Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Site Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section 3: Weekly Tasks Follow-up**

The student must complete the Weekly Tasks Follow-up section and submit it to their faculty supervisor by the end of Week 6 and Week 18. This section **accounts for 10% of the total grade**.

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| **3.1 Weekly Tasks Follow-up (Up to Week 6).** This section **accounts for 5% of the total grade.***[Note. The student must complete the Weekly Tasks Follow-up, outlining the tasks completed each week from Week 1 to Week 6. The document must also be signed by the site supervisor to confirm the student's involvement and progress.]* |
| **Week** | **Weekly Tasks** | **Site Supervisor Comments** | **Site Supervisor Signature** |
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| **Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **3.2 Weekly Tasks Follow-up (Up to Week 18).** This section **accounts for 5% of the total grade**.*[Note. The student must complete the Weekly Tasks Follow-up, outlining the tasks completed each week from Week 7 to Week 18. The document must also be signed by the site supervisor to confirm the student's involvement and progress.]* |
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**Section 4: Faculty Supervisor Visits**

The faculty supervisor must complete the Faculty Supervisor Visits section by the end of the training period.This section **accounts for 5% of the total grade.**

*[Note. Faculty supervisor visit/s may occur at any time during the training period.]*

**4.1 Details of faculty supervisor visits**

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|  | Number of visits (if the visit has not yet taken place, please explain the reasons) |
|  | Dates of visits |
|  | Notes during the visit |

**4.2 Student performance evaluation**

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|  | **Weak** | **Acceptable** | **Good** | **Very Good** | **Excellent** |
| The student's attendance commitment |  |  |  |  |  |
| Comments:  |  |
| The student’s interaction with the team |  |  |  |  |  |
| Comments: |  |
| The student’s technical skills |  |  |  |  |  |
| Comments: |  |
| The student’s soft skills (e.g., communication and interpersonal skills) |  |  |  |  |  |
| Comments: |  |

**4.3 Please describe the tasks completed by the student.**

**4.4 Overall progress made on the task**

|  |  |  |
| --- | --- | --- |
| **Needs improvement** | **Progressing well** | **Completed** |
|  |  |  |

**4.5 Faculty supervisor general comments and recommendations**

**Faculty Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**