

Department of Pure and Applied Chemistry 295 Cathedral St. Glasgow G1 1XL

INDUSTRIAL TRAINING ASSESSMENT Second Visit form

| Name of Studen | nt | | |
|------------------|----------------|--------------------------|--|
| Training Organ | isation | | |
| Academic Supe | ervisor | | Date of Visit |
| Please re | eport any char | nges in the following in | nformation: |
| Dates of Trainin | ng Period | | |
| Industrial Super | rvisor | | (e-mail) |
| Department in v | which employ | 'ed | |
| Telephone No. | and extension | l | |
| How hat he/s | she has been w | s scientific competence | e at work progressed during the time How have the student's general |
| 2. Nature o | of the work | Has the work proceed | led as initially envisaged? |

VISIT REPORT

Name of Student

| | Essment Process Has the academic supervisor obtained the wributions to the assessment process from the industrial supervisor | |
|----------|--|------------|
| (1) | The Assessment of Skills form | YES / No |
| (2) | The Report form | YES / No |
| (3) | The Literature Review (if the industrial supervisor wishes) | YES / No |
| | final marks are subject to moderation. If "NO", then specify b ompleting the assessment. | elow the p |
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| Stud | ent's Comments on the Placement | |
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| | ent's Comments on the Placement Supervisor's Signature | |