

**IMMIGRATION DIVISION
#2 KNOX STREET, SAN FERNANDO.
Ph. 652-0942/3652 Fax 657-0229**

STUDENT ASSESSMENT FORM
(To be completed by Principal/Director of Institute)

Student's Name:.....Passport #.....

Date of Commencement of Course:.....

Date of Termination of Course:.....

Number of sessions comprising Course:.....

Number of sessions Student actually attended:.....

Comments regarding absences (if any):.....

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Reason(s) given for absence(s):.....

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Comments on Academic and or Technical Progress and Performance:.....

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Comments on Conduct:.....

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Do you recommend the grant of another Student Permit? Please give reasons for your positive or negative response:.....

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Signature of Principal/Director of
Institute & Official Stamp of Institute