



Form FIT 1: Biweekly Working Report No.....

Student should send this form every two weeks (Score for the biweekly working reports: 10 points)

Student's NameID

Program of study

Name of training organization

.....

Address.....

.....

Date	Starting Time	Finishing Time	No. of Hours	Summary of Work

Training hours: This report accumulated total of hours

Student's signature

Supervisor's signature

(.....)

Date/...../.....