



Sultan Qaboos University
College of Engineering
Assistant Dean for Industrial Training & Alumni Office

WEEKLY PROGRESS REPORT

Student Name:	Student ID:	
Department:	Date:	Report#:

Training Company:	Department:
Training Site:	Tel. (at site):

Assignments Completed:	
•	•
•	•
•	•
•	•
Assignments in Progress:	
•	•
•	•
•	•
Plan for Next Week:	
•	•
•	•
Problems/Recommendations/Other:	
Supervisor Comments:	

Student signature: _____ Supervisor's Name: _____
 _____ Signature: _____

NOTE: This report should be completed and **submitted** to your SQU training supervisor on a **weekly** basis; Email: ????@squ.edu.om, Fax: 24413416.