**COURSE DIRECTOR REPORT   
TRANSFER COURSE**

|  |  |
| --- | --- |
| Course Location: | |
| NF |  |
| City |  |
| Course Details: | |
| Course Date(s) |  |
| Discipline |  |
| Function |  |
| Course Director: | |
| FEI ID |  |
| Name |  |
| Surname |  |
| Email |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Pre-Course Arrangements | | | | | | |
|  | Not satisfied | Comments | Satisfied | Comments | Very satisfied | Comments |
| Travel arrangements |  |  |  |  |  |  |
| Pre-course correspondence |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Course Organization | | | |
|  | No issues | Some issues | Serious issues |
| Practical | | | |
| Facilities |  |  |  |
| Involvement of local organisers |  |  |  |
| Theory | | | |
| Class room (size, availability) |  |  |  |
| Wifi |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Participants as a Group | | | | | |
|  | Low | Average | High | Uniform | Not Uniform |
| Intellectual entry level of group |  |  |  |  |  |
| Experience level of group |  |  |  |  |  |
| Attendance and interest level of group |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Programme and Work Timetable | | |
|  | Yes | No, see comments |
| Was the syllabus followed |  |  |
| Was the timetable followed |  |  |
| Was the technical material satisfactory |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Communication | | | | | |  |
|  | Not satisfied | Comments | Satisfied | Comments | Very satisfied | Comments |
| Communication/interaction of Course Director with participants |  |  |  |  |  |  |
| Communication/interaction of Course Director with organisers |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Additional constructive comments | |  |
| Positive |  | |
| Negative |  | |

|  |
| --- |
| Suggestions for Improvement of future Courses |
|  |

**EVALUATION OF PARTICIPANTS**

*Please complete the below candidates’ list with recommendations for transfer.*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FEI ID | Full Name | NF | Current Status | Requested  Status | Successfully  passed the Assessment  Yes No | | Percentage of completion | Able to handle the requested status    Yes No | | Comments |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

Date:

Signature: