**COURSE DIRECTOR REPORT
TRANSFER COURSE**

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| --- |
| 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  |       |       |       |

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| --- |
| 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 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| --- |
| 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 |       |

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| 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  | Successfullypassed the Assessment Yes No | Percentage of completion  | Able to handle the requested status  Yes No | Comments |
|       |       |       |       |       | [ ]  | [ ]  |       | [ ]  | [ ]  |       |
|       |       |       |       |       | [ ]  | [ ]  |       | [ ]  | [ ]  |       |
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Date:

Signature: