

Course Title	:		Date	:		Exam date	:	
Course Duration	:		Venue	:		Phase	:	

No	Name	Position	Staff No.	RESULT			Sign	Remarks
				Pass	Re-exam	Re-course		
1								
2								
3								
4								
5								
6								
7								
8								

Instructor

Signature :

Name :

Date :

Quality Assurance Department

Signature :

Name :

Date :