

Faculty of Engineering and Physical Sciences

Department of Mathematics

ASSESSMENT of LOG KEEPING

	No gaps	Minor gaps	Major gaps
Completeness (in time)			
Completeness (topics covered)			

	Outstanding	Very Good	Good	Marginal	Unsatisfactory
Clarity					
Content					
Usefulness					

Signature

Signature

Name
(Visiting Tutor)

Name
(Student)

Date

Date

Please return the completed form to the Professional Training Office