

SAGESSE UNIVERSITY
Faculty of Business Administration and Finance

EMBA Practicum Evaluation Sheet

(Form C1)

ID

Registration Clearance Number
(As assigned by the Registrar's Office)

Student's Full Name:

Student's Concentration:.....

Supervisor's Name:

Practicum Title:

.....
As per the attached two copies of the final revision of the Practicum, meeting all the requirements, duly signed and approved.

Submission Date:.....

Student's Signature

Approved by:

Supervisor

Date

Final Grade: /100

Academic Department

Date

Final Approval:

Dean

Date