

Doc 4.10. Graduation report

Training Course: _____

Location/Venue of Training: _____

Start of Training: _____ **End of Training:** _____ **To No. of Days/Hours:** _____

Total No. of Trainees: _____ **Male:** _____ **Female:** _____ **DAP/PWD:** _____ **No. of Trainees under 32 years old:** _____

No.	Names of Trainees	Skills Training		Entrepreneurship Training		Title/s of TEP
		Passed (Rating)	Failed (Rating)	Trainees who Prepared TEP	Trainees who Did Not Prepare TEP	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						



13						
14						
15						

Prepared/Submitted by: _____
Name of Trainer, Signature & Date

_____ Name of Training Supervisor, Signature & Date

Approved: _____
Head of Training Agency, Signature & Date