



**CENTRE FOR APPLIED LEARNING AND MULTIMEDIA**

**OFF-CAMPUS TRAINING REPORT**

*This form is to be completed by the attendee to a course, workshop or seminar held outside UNIMAS or online.*

**REQUIRED ATTACHMENTS**

- a) Attendance list of knowledge sharing session.
- b) Training materials

**PART A : APPLICANT’S DETAILS**

Full Name : \_\_\_\_\_

Faculty/Institute/Centre : \_\_\_\_\_

Programme : \_\_\_\_\_

Title of Training : \_\_\_\_\_

Date of training : \_\_\_\_\_

Venue of training/ : \_\_\_\_\_

Training Website : \_\_\_\_\_

**PART B: REPORT**

1. Please state explicitly the knowledge and/or skills that you have gained from the training and indicate your level of the stated knowledge and/or skills in the following table.

State explicitly the knowledge and/or skills that you have gained from the training		Please indicate your level of knowledge and skill				
		Very Low	Low	Medium	High	Very High
	Before the training	1	2	3	4	5
	After the training	1	2	3	4	5
	Before the training	1	2	3	4	5
	After the training	1	2	3	4	5
	Before the training	1	2	3	4	5
	After the training	1	2	3	4	5

2. Propose **TWO (2)** specific ways on how you can contribute to the enhancement of teaching and learning of your faculty/centre or the university after attending this training.

Way To Contribute	Proposed Implementation Date/Period

3. Will you recommend this training to your colleagues?

- Yes
- No

**Why?**

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**Applicant's signature and stamp**

**Dean's signature and stamp**

\_\_\_\_\_  
 Name :  
 Date :

\_\_\_\_\_  
 Name :  
 Date :

**PART C: FOR OFFICE PURPOSE ONLY**

Date Received:

- Complete
- Incomplete

Checked by:

*Notes;*

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*Comments by ATU Coordinator*

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## ATU Coordinator's Signature & Stamp

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Name :

Date :

*Tarikh kemaskini : 28 July 2023*

*Unit Latihan Akademik*

*Pusat Pembelajaran Gunaan Dan Multimedia, UNIMAS*