



**STUDENT ORAL PRESENTATION EVALUATION FORM  
BY ACADEMIC SUPERVISOR**

Semester: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Student Name: \_\_\_\_\_

Matrix No.: \_\_\_\_\_ Program: \_\_\_\_\_

Name of Academic Supervisor: \_\_\_\_\_

For each category please give mark 1 to 5.

5 – Excellent, 4- Good, 3- Satisfactory, 2- Below Average, 1- Weak

INTRODUCTION	/ 5
CONTENTS	/ 5
CONCLUSIONS	/ 5
PRESENTATION TOOLS/AIDS	/ 5
PRESENTATION SKILLS	/ 5
Q & A SESSION	/ 5
TOTAL MARKS	/30

SIGNATURE OF ACADEMIC SUPERVISOR: \_\_\_\_\_

DATE: \_\_\_\_\_