



Compulsory Activity Participation Form

“Teacher Appreciation Day”

(Student ID start with 57, 58, 59, 60, 61, 62, 63)

Student ID: Name:

Program: Faculty/College:

Telephone No:

1. Who is your favorite teacher? Give some reasons.

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2. In your opinion, what are the good qualifications of teacher?

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....

Signature:

(.....)

Date