


REVISION NO:	00
REVISION DATE:	APRIL 29, 2019

 Malayan Colleges Laguna A MAPUA SCHOOL	
	<i>(PROGRAM)</i>
Course Code/Title:	
<b>MARE VERIFICATION / TEST RESULTS OF SIMULATION ASSESSMENT EXERCISE</b>	

Date when Assessment Exercise Run/Tested	:																				
Type of Equipment/Simulator used	:																				
Duration of Activity	:	Time Started : _____ Hrs. Time Completed : _____ Hrs.																			
Number and Level of Students used in Running and Testing the Simulation Assessment Exercise	:	<table border="1" style="width: 100%;"> <tr> <td>Number of Students</td> <td>:</td> <td></td> <td>Level of Students</td> <td>:</td> <td></td> </tr> </table>	Number of Students	:		Level of Students	:														
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			<table border="1" style="width: 100%;"> <thead> <tr> <th></th> <th>Name</th> <th>Signature</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td></tr> </tbody> </table>		Name	Signature	1			2			3			4			5		
		Name	Signature																		
	1																				
	2																				
3																					
4																					
5																					
Number, Rank/Names of Maritime Instructors who facilitated the Practice/Test	:	_____ Instructors																			
		<table border="1" style="width: 100%;"> <thead> <tr> <th></th> <th>Rank/Name</th> <th>Signature</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td></tr> </tbody> </table>		Rank/Name	Signature	1			2			3			4			5			
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**Results of Verification/Test**

Created Assessment Exercise is	:	Doable/Attainable	:	Passed	_____ %
(Please find attached results of Test/Grading)					

**Note: If the Simulation Assessment exercise found to be not doable or unattainable, the matrix gradation shall be revise.**

\_\_\_\_\_  
Signature over Printed Name of Subject Matter Expert/ Date