



**INTERNATIONAL CIVIL AVIATION ORGANIZATION
TECHNICAL CO-OPERATION BUREAU
FELLOWSHIP TERMINATION**

Form 603
(Rev. 2/01)
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Please refer to the GUIDE FOR ICAO FELLOWSHIP HOLDERS, Section XIV, Paragraph C. The completed report should be forwarded to either ICAO Headquarters, Montreal, or the ICAO Regional Office, depending on where your Award was processed, as specified in the GUIDE FOR ICAO FELLOWSHIP HOLDERS, Section VIII. If more space is required for comments, please *attach* additional sheet(s).

REF.: _____ DATE: _____

NAME: _____
(Family/Surname) (First) (Middle)

HOME COUNTRY: _____ PROJECT NO.: _____

POST NO.: _____ AWARD NO.: _____

FIELD OF TRAINING: _____

HOST COUNTRY(IES): _____

FELLOWSHIP STARTING DATE: _____ TERMINATION DATE: _____

A. Was the programme duration:

1. Appropriate: _____ 2. Long: _____ 3. Short: _____

Comments: _____

B. Were the instructors:

1. Qualified: _____ 2. Fair: _____ 3. Poor: _____

Comments: _____

C. Considering the objectives of your fellowship programme, were the contents of the programmes:

1. Appropriate: _____ 2. Fair: _____ 3. Poor: _____

Comments: _____

D. General comments including the availability and applicability of training aids and equipment:

SIGNATURE: _____

DATE: _____

E. Comments by the Head of the Civil Aviation Department or the Fellow's immediate supervisor:

NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____