

Master Samurai Tech Academy Training Plan

To be completed by the Supervisor/Employer, signed by the Student/Tech

Student/Technician name: _____ **Date:** _____

MST Academy Account info*

Username: _____

Password: _____

email address: _____

Course(s) you are enrolled in (put a check mark in front of them):

Fundamentals of Appliance Repair

Refrigerator Repair

Oven & Range Repair

Advanced Troubleshooting

Delivering Professional Service

Supervisor: _____

GOALS

MST Certification yes/no (circle one)

[this requires minimum scores on each quiz and exam - 80% on quizzes, 90% on exams]

Goal for completion (date): _____

Goal for time spent on the courses each week: _____

Any other goals or incentives: _____

If the student/tech is going to use the MST Academy Tech Progress Sheet to record his/her progress, how often/when should they submit that sheet for review? _____

*The supervisor will periodically log in to the student's account to check on progress. If the student changes their password, they must immediately give the new one to the supervisor.

Signature of technician acknowledging and agreeing to this plan:

Date: _____