## **Appedix A: Arrival Note:**

Mzumbe University

| <ul><li>a)</li><li>b)</li><li>c)</li></ul> | Field practical  |
|--|--|
| d)   | I declare that I have started working with             |
|  | (company/organization)                                 |
|  | Address: P.O. Box.                                     |
|  | Fax No:  |
|  | Tel No:  |
|  | E-mail:  |
| e)   | Date of starting practical field study:                |
| f)   | Title of field project:                                |
| g)   | My supervisor's name:                                  |
| h)   | My contact address:                                    |
|  |  |
|  | Signature: Date:                                       |
| i)   | Supervisor's name, signature and official rubber stamp |
|  | Name:  |
|  | Position:  |
|  | Signature: Date:                                       |
|  | [Official stamp]                                       |
|  | To be sent to:   |
|  | Field Attachment Coordinator,                          |
|  | Faculty/collage/Institute/Directorate of:              |
|  | Mzumbe University                                      |
|  | P.O Box:   |
|  | MZUMBE.  |

## Appendix B: Log Book

| Date             | Name                          | Hours    |
|------------------|-------------------------------|----------|
| Weekly report No | week from:                    | to:      |
| Day              | Brief description performed   |          |
| Monday           |                               |          |
| Tuesday          |                               |          |
| Wednesday        |                               |          |
| Thursday         |                               |          |
| Friday           |                               |          |
|                  | Total Hours per wee           | ek       |
|                  | Name of local Supervisor      | Position |
|                  |                               |          |
|                  | Signature of local supervisor | Date     |
|                  | [Official stamp]              |          |

## **Appendix C:** Weekly Summary Form:

| Date:              | ate: Name: |   |      |    |
|--------------------|------------|---|------|----|
| Weekly summary:    | Week from: |   | _to: |    |
|                    |            |   |      |    |
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|                    |            |   |      |    |
|                    |            |   |      |    |
| Name of Local Supe | ervisor    |   |      |    |
| Position           |            | • |      |    |
| Signature          |            | Date:                                   |      | •• |

[Official stamp]