**FACULTY OF COMPUTING AND INFORMATICS**

# FORM ON REPORTING FOR INDUSTRIAL TRAINING (DPT5201)

|  |  |  |
| --- | --- | --- |
| **PERIOD OF TRAINING:**   |  |  | | --- | --- | | From (Date) | To (Date) | |
| **STUDENT DETAILS:**   |  |  | | --- | --- | | Name of the Student |  | | Student ID |  | | Major |  | | IC/Passport No. |  | | Hand phone No. |  | | E-mail address |  | |
| **COMPANY DETAILS:**   |  |  | | --- | --- | | Name of the Company |  | | Address of the Company |  | | Training Location  (If different from the above address) |  | |
| **COMPANY SUPERVISOR DETAILS:**   |  |  | | --- | --- | | Name of the Supervisor |  | | Designation |  | | Department |  | | Phone No. |  | | E-mail address |  | |

We confirm that the above mentioned student has reported for industrial training in our company on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date), and he/she has been briefed on the company rules and regulations that should be followed during the training.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature & Company Stamp

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_