

ITF FORM 8

INDUSTRIAL TRAINING FUND

MIANGO ROAD, P.M.B. 2199, JOS



STUDENTS INDUSTRIAL WORK EXPERIENCE SCHEME END OF PROGRAM REPORT SHEET

PART A (To be completed by the Student)

1. (a) Name in full:.....
(b) Registration/Matriculation Number:.....
(c) Course of Study:..... Year of Study.....
(d) Name of Institution:.....
 2. (a) Name and Address of the Company/Establishment of attachment
.....
(b) Department/Section:.....
(c) Period of Attachment. From..... To:.....
Number of weeks:.....
 3. Brief outline of experience acquired:.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
 4. (a) Last place of attachment (if applicable):.....
.....
(b) Duration of attachment (weeks):.....
- Signature of Student:..... Date:.....

PART B (To be completed by the Employer)

Do you agree with The student's comments in item 3 in part A? Yes/No.

If No, please comment:.....
.....

6. Please assess the Students overall performance by ticking the appropriate box as provided.

VERY GOOD ☐ GOOD ☐ SATISFACTORY ☐ POOR ☐

7. Will you accept the Student in any future attachment? YES/NO if No, please comment:

8. Is your Company or Establishment in a position to offer this Student a job in future?

9. Name of Reporting Officer:.....

Designation/Rank:.....

E-mail Address:.....

Phone No:.....

Signature/Stamp:.....

Date:.....

N.B: Forms duly completed by employers should be forwarded to/collected by the respective Institutions under seal.

PART C (To be completed by the Institution)

10. Indicate number of visits:.....

11. Give your assessment of the facilities provided by company during visit(s) by ticking
STANDARD ☐ ADEQUATE ☐ RELEVANT ☐ NOT RELEVANT ☐

12. Give your impression of the Student's involvement in training: FULLY/PARTIALLY:

13. Assessment of Student's Performance (Grading A, B, C or D has to be stated)

Full Name of Supervisor:.....

Status:.....

Department/Discipline:.....

E-mail Address:.....

Phone No:.....

Signature/Stamp:.....

Date:.....

N.B. This form is to be returned to the ITF on completion by the respective Institution under seal.