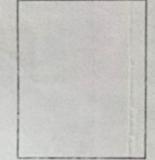
INDUSTRIAL TRAINING FUND

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:..... (d) Name of Institution: 2. (a) Name and Address of the Company/Establishment of attachment (b) Department/Section: 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.E	3: Forms duly completed by employers should be forwarded to/collected by the respective Institutions under seal.
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)

	-1/3
	Full Name of Supervisor:
	Department/Discipline:
	E-mail Address: Phone No:
	Signature/Stamp: Date:
NR	This form is to be returned to the ITF on completion by the respective Institution under seal