BLI-2 STUDENT INFORMATION FORM

This form is to be completed by each prospective intern and submitted to FCI Industrial Training Coordinator with a copy of their **Industrial Training Offer Letter**.



SECTION A: STUDENT DETAILS

Date

:

Name	:	
IC / Passport Num.	:	
Student ID	:	
Programme	:	
Mobile Number	:	
E-mail	:	
Home Address	:	
Address during	:	
Internship		
Emergency Contact	Info	ormation
Name	:	
Relationship	:	
Address	:	
Mobile Number	:	
	STR	IAL TRAINING INFORMATION
Name of	:	
organization		
Core business of	•	
the company		
Address	:	
PIC E-mail	:	
SECTION C: ACADE	MI	C SUPERVISOR'S APPROVAL
I confirm that this co i	mpa	any is suitable for industrial training. I also confirm that this student has passed
all courses (excluding	g cc	ourses registered on 1-2021/2022) with the total credit hours of 109 or more
(including courses re	giste	ered on 1-2021/2022).
Name :		