

Record of Industrial Training

Never Stand Still

Faculty of Engineering

School of Mechanical and Manufacturing Engineering

Student's name: **Student no:**.....

Employer (Company/Department name):

.....

Employer address

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TO BE COMPLETED BY EMPLOYER.

I affirm that this report has been read by myself and/or an authorized company/department representative, and contains no confidential material or intellectual property:

Name:

Email:.....

Phone:.....

Signature.....

You may provide additional comments on the student's training period:

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