F1

#### INDUSTRIAL ATTACHMENT

#### COMPUTING AND INFORMATION TECHNOLOGY DEPARTMENT

COURSE CODE & TITLE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REG.NO.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME AND ADDRESS: PLACE OF ATTACHMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAX NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE REPORTED FOR DUTY:**

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reminders:**

1. Return this form duly completed to the Supervisor within the first week of your attachment period. Enclose your training program.
2. Industrial Attachment reports due on the second week of the following term of study.

## FOR OFFICIAL USE ONLY

Date received back: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### INDUSTRIAL ATTACHMENT TRAINING AGREEMENT

The industrial attachment programme is planned to develop a student academically, economically, culturally and socially. To meet these goals, there are responsibilities the student must realize and agree to carry out to the fullest extent. As a participant in the industrial attachment, are you willing to assume the following responsibilities?

1. To know that the Coordinator is the recognized authority for making adjustments or changes in the training received through industrial attachment.
2. To know that it is my responsibility throughout the semester to be well dressed and groomed at my place of attachment.
3. To carry out my training in such a manner that I will reflect credit upon myself and upon industrial attachment programme.
4. To perform all my duties in a commendable manner and perform related study assignments with earnestness and sincerity.
5. To work towards the group and individual achievement goals.
6. To be on time and regular in attendance at my place of attachment.
7. To notify my employer as soon as I know I will be absent from work
8. To notify the coordinator as early as possible when I will be absent from work.
9. To conduct myself in a satisfactory manner, at my place of attachment, or my training may be discontinued and I may be removed from industrial attachment.
10. To know that if I am removed from Industrial Attachment, I will receive a failing grade and will lose all course units.
11. To agree not to quit or change place of attachment without first talking the situation over with my immediate supervisor and coordinator.
12. A student may be released from the place of attachment if necessary on compassionate grounds.

I fully understand the above statements, and I agree to cooperate in carrying them out to the fullest extent

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Student’s Name Student’s signature Date

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Supervisor’s Name Supervisor’s Signature Date

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Employer’s (Industry) Name Employer’s Signature Date