

UNIVERSITY COLLEGE OF TECHNOLOGY SARAWAK

INDUSTRIAL TRAINING WEEKLY REPORT

Day:	Date:
Industrial Training Weekly Report	
Company Industrial Supervisor Comments	
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Verification	
Student Signature:	Company Industrial Supervisor Signature:
Name:	Name:
Date:	Date:
School Industrial Training Supervisor Signature:	
Name:	
Comments:	
Comments.	

Document No: UCTS-QA-INTRA-WEEKLY

Revision No: 01

Effective Date: 14 FEBRUARY 2014