

UNIVERSITY OF DAR ES SALAAM



COLLEGE OF INFORMATION AND COMMUNICATION TECHNOLOGIES (CoICT)

DEPARTMENT OF

PRACTICAL TRAINING 20.....

ARRIVAL NOTE

Name of Student & Reg. No:PT 1, 2, 3 (Please tick)

Degree Programme Student's Mobile Tel. No:.....

I declare that I have started my Practical Training at (Company/organization).....

.....Date of starting PT

Address: P.O.BoxTel. No:e-mail:.....

Description of the location of PT
place.....

(Please draw a map of your PT place on the back of this paper for easy accessibility).

Name of the Training Officer(s).....

His/her field of specialization:.....

His/her position.....(e.g. System administrator, Computer/Telecom engineer)

The company/organization contact person:

His/her Position.....

Student's signature

.....Date.....

Training Officer's Signature.....Date & Company Rubber Stamp.....

To be sent to (Not later than two weeks after arrival)

Practical Training Coordinator

Department of Computer Science and Engineering

College of Information and Communication Technologies (CoICT)

P.O. Box 33335

DAR ES SALAAM