PRACTICUM LOG BOOK



PHOTO

Student's Information

Name:	
Matric Number:	
Program/School:	
Address:	
Mobile Number	
E-mail:	

Employer's Information

Name:	
Designation:	
Company Address:	
Office Phone Number:	
Mobile Number:	
Fax Number:	

Date:
Dean of Student Development and Alumni College of Arts and Sciences Universiti Utara Malaysia 06010 UUM Sintok KEDAH DARUL AMAN
(Fax No.: 04-928 5310)

We	hereby	confirm	that	the	following	student	has	been	reported	or
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	Employer's Signature/	Stamp
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