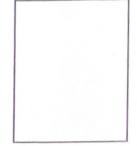
INDUSTRIAL TRAINING FUND

MIANGO ROAD, P.M.B. 2199, JOS





STUDENTS INDUSTRIAL WORK EXPERIENCE SCHEME END OF YEAR PROGRAM REPORT SHEET

PART A (To be completed by the Student) 1. (a) Name in full:.... (b) Registration/Martrculation Number: (c) Course of Study: Year of Study. (d) Name of Institution: 2. (a) Name and Address of the Company/Establishment of attachment (b) Department/Section: Number of weeks: Brief outline of experience of training provided: 4. (a) Where were you attached last? (if applicable):..... (b) Total Number of weeks engaged in industrial attachment:.... Signature of Student:.... Date: PART B (To be completed by the Employer) Do you agree with The student completes in item 3 in part A? Yes/No. If No, please comment:....

	Please assess the Students overall performance by ticking the appropriate box as rovided. VERY GOOD GOOD SATISFACTORY POOR
	Vill you accept the Student in any future attachment? YES/NO if No, please omment:
8. Is	s your Company or Establishment in a position to offer this Student a job in future?
•	
	Name of Reporting Officer
	E-mail Address: Phone No:
	Signature/Stamp: Date:
N.B:	Forms duly completed by employers should be forwarded to/collected by the respective Institutions under seal.
10. 11. (Indicate number of visits: Give your assessment of the facilities provided by company during visit(s) by ticking STANDARD ADEQUATE RELEVANT NOT RELEVANT
12.	Give your impression of the Student's involvement in training: FULLY/PARTIALLY:
13.	Assessment of Student's Performance (Grading A, B, C or D has to be stated)
	Full Name of Companions
	Full Name of Supervisor: Status. Department/Discipline:
	E-mail Address: Phone NO::
	Signature/Stamp: Date:
NR	This form is to be returned to the ITF on completion by the respective Institution under seal