



**COLLEGE OF INFORMATION TECHNOLOGY
UNIVERSITI TENAGA NASIONAL**

STUDENT'S REPORT

Student's
Name:

Student's ID
No.:

Company's Name and
Address:

Does the company plan the training modules in advance?

Yes

No

If "No", please state why?

Types of exposure given:

Exposure	Estimated Duration (hours)
Design	
Analysis	
Testing	
Site Works	
Supervision	
Administration	
Routine Work	
Others: _____	

Mention two important experience obtained:

(a) _____

(b) _____

Any problem encountered? No: Yes: If yes, please state

In general how do you evaluate your training:

Excellent

Satisfactory

Not Satisfactory

Signature: _____

Date: _____

Student's action: Please submit this form during appointed visiting supervisor's visitation.

Visiting supervisor's action: Please submit this form to department's industrial training coordinator.