

INDUSTRIAL TRAINING SCHEDULE

STUDENT'S PARTICULARS (to be filled by student)							
Student's Name							
I.C. No. @ Matric No.	Programme	SEEE / SEEEH / SEEL / SEELH / SEEM / SKEE / SKEL / SKEM					
Company's Name							
Company's Address							

INSTRUCTIONS:

Please provide a schedule of the activities over the training period.

Please submit this form to the School Supervisor during the Industrial Training Visit

PART I (to be filled by student and endorsed by Industrial Supervisor)										
Table (in account)	171111 1 (to be inion by etauent and enderson by	Department/ Week (please tick)								
Task (in general)		section	1	2	3	4	5	6		
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Task (in general)		Department/	7	<u> </u>	Veek (p	lease tid	ck) 11	10		
, ,		section	- /	8	9	10	- 11	12		
Industrial Supervisor's Endor	sement							l		
Supervisor's Name		Designation								
Cuporvicor o rraino		Boolghatton								
Signature and stamp		Date								
	PART II (to be filled by School Su	nonvisor\								
Supervisor's comment on wo	rk progress (if required)	per visurj								
	7 - 3 (
Supervisor's Name										
Signature		Date								