



# Industrial Training Certification

## School of Electrical Engineering and Telecommunications

**For Student to fill in:**

Student Number: \_\_\_\_\_ Program Code: \_\_\_\_\_

Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

Title of the job position: \_\_\_\_\_ Company: \_\_\_\_\_

Date of industrial training commenced	Date of industrial training finished	Total number of days worked	How many days per week?	How many hours per day?

Have you done any Industrial Training in a different company before?

**Student's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Supervisor to fill in:**

Company Name: \_\_\_\_\_ Short Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Post Address (if different from above): \_\_\_\_\_

Supervisor: \_\_\_\_\_ Job position of the supervisor: \_\_\_\_\_

Email address: \_\_\_\_\_ Office / Mobile Telephone Number: \_\_\_\_\_

Comments (optional): \_\_\_\_\_

I hereby certify that the above person has completed \_\_\_\_\_ (numbers) days of work in this company.

**Supervisor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Company's Stamp: \_\_\_\_\_

**For EE&T School Office use only**

Approval by School Industrial Training Coordinator:  Yes with \_\_\_\_\_ days credit  No

Comments (if any): \_\_\_\_\_

**Signature of School Industrial Training Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Student marks updated: Yes / No

Student notified by e-mail: Yes / No

Name of School Office staff: \_\_\_\_\_ staff's signature: \_\_\_\_\_ Date: \_\_\_\_\_