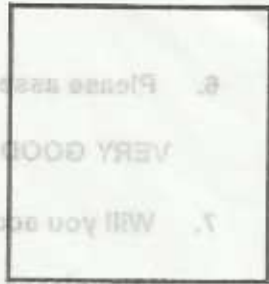


INDUSTRIAL TRAINING FUND MIANGO ROAD, P.M.B. 2199, JOS



STUDENTS INDUSTRIAL WORK EXPERIENCE SCHEME END-OF-PROGRAMME REPORT SHEET

PART A (To be completed by the Student)

1. (a) Name in full:
- (b) Registration/Matriculation Number:
- (c) Course of Study: (d) Year of Study:
- (d) Name of Institution:

2. (a) Name & Address of the Establishment of Attachment
- (b) The Department/Section:
- (c) Period of Attachment: From: To:
Number of Weeks:

3. Total Allowance received by Student: N.....K

4. Brief outline of experience/relevance of training provided:

.....

.....

.....

5. (a) Where were you attached last? (If applicable):

(b) Total number of weeks engaged on industrial attachment:

Signature of Student: Date:

PART B (To be completed by the Employer)

Do you agree with the student's comments in items 3 & 4 in Part A? YES/NO

If No, please comment:

State total amount paid to student as ITF allowance: N.....K

In words:

6. Please assess the student's overall performance by ticking the appropriate box as provided

VERY GOOD GOOD SATISFACTORY POOR

7. Will you accept the student in any future attachment? YES/NO

If No, please comment:.....
.....

8. Is your Company/Establishment in a position to offer this student a job in future?
.....

9. Name of Reporting Officer
Designation/Rank

Signature/Stamp: Date:

N.B. Forms duly completed by employers should be forwarded to/collected by the respective institutions under seal

PART C (To be completed by the Institution)

10. Indicate number of visits:

11. Give your assessment of 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

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.....

13. Assessment of student's performance (Grading "A,B,C or D" has to be stated)

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Full Name of Supervisor Status

Department/Discipline

Signature/Stamp Date:

N.B: This form is to be returned to the ITF on completion by the respective institutions under seal.