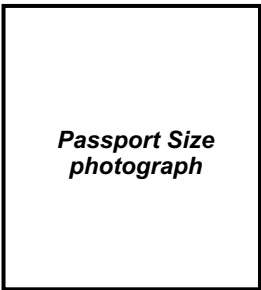




INDUSTRIAL TRAINING FUND

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: ₦.....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 in 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: ₦.....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:.....

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

.....
.....
.....
.....
.....

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

.....
.....
.....
.....
.....

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 institution under seal.