



UNIVERSITI MALAYSIA SARAWAK
 94300 KOTA SAMARAHAN
 SARAWAK

FACULTY OF ENGINEERING

Industrial Training Placement Form

To be completed by the company (Once completed please send it by post and fax it to +6082 583410)

Name of Organization			Area/State:	
Contact Person Name				
Nature of Business				
Address				
Contact	Office Tel	Fax	e-mail	
Application Status	Accepted <input type="checkbox"/>	Decline <input type="checkbox"/>		
Reason if decline:				
List of Expected Task(s) for the student				

Signature / :
 Company
 Stamp

Date :

Student Details (To be completed by student)

Name of Student			Matric No.	
Current Address				
Home Address				
Programme:			I/C No.:	
Contact	Mobile No.	Home	e-mail	

To be completed by the Industrial Training Coordinator

Comments:

Approved by : _____

Signature : _____

Date : _____