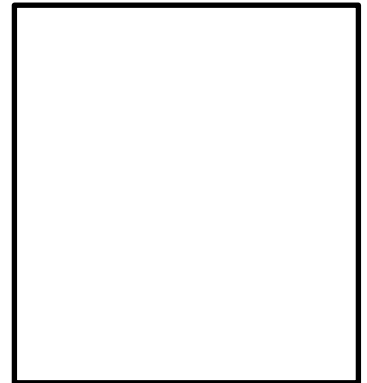


**INDUSTRIAL TRAINING FUND**  
MIANGO ROAD, P.M.B. 2199, JOS



**STUDENTS INDUSTRIAL WORK EXPERIENCE SCHEME**  
**END OF YEAR PROGRAM REPORT SHEET**

**PART A (To be completed by the Student)**

- 1. (a) Name in Full:.....
- (b) Registration/Matriculation Number:.....
- (c) Course of study:..... 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. Brief outline of experience/relevance of training provided:.....  
.....  
.....  
.....
  
- 4. (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)**

- 5. Do you agree with the student's comments in items 3 in Part A? YES/NO.  
If No please comment:.....
  
- 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.....  
Email Address:.....Phone:.....
- 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 the 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:  
.....  
Email Address:.....Phone:.....

Signature/Stamp..... Date:.....