

**FACULTY OF MANAGEMENT  
UNIVERSITI TEKNOLOGI MALAYSIA**

**INDUSTRIAL TRAINING: REPORTING FORM**

**A. DETAIL OF STUDENT**

Name of Student :	
Metric Number :	
IC Number :	
Programme	SHAC / SHAD / SHAF / SHAR / SHAY
Internship on:	Semester : 1 / 2      Session: 20___ / ___
E-mail address:	
Mobile phone number:	

**B. DETAIL OF COMPANY**

Name of company :	
Address:	
Contact person:	
Position:	
Contact number:	
Email address:	

**C. DETAIL OF COMPANY SUPERVISOR**

Name of supervisor:	
Position:	
Contact number:	
Email address:	
Reporting date:	
_____ (Signature)	Company Stamp