**INDUSTRIAL TRAINING VERIFICATION FORM**

TO :

Unit LI,

Faculty of Computing, Date:

**REVIEW AND VERIFICATION OF INDUSTRIAL TRAINING QUALIFICATIONS**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have hereby checked and confirmed that the student has undergone the courses at the Faculty of Computing as follows;

* Total of completed credit previous semester : \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Total credits taken this semester : \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Total credit to be taken next semester : \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Grand total of all credit based on program structure : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checklist of courses taken as in the attachment.

Final year student information as follows:-

ID Matrix :

Name:

Program:



ELIGIBLE / NOT ELIGIBLE Students undergo Industrial Training in Semester \_\_\_\_\_\_\_\_\_\_ Session \_\_\_\_\_\_\_\_\_.

Reviewed and verified by,

**<<to be filled by Academic Advisor>>**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Academic Advisor : 

Date :

LECTURER STAMP: **<<to be filled by Academic Advisor>>**