

## School of Engineering

## Industrial Training Visit Feedback Form

Visiting Lecturer Name		
Visit Date		
Student Name		
Student ID		
Discipline		
Name of company		
Address		
Tel. No		
Industrial training		
supervisor name		
Designation		
Student Feedback		
1 Training provided is relevant to engineering course.		Yes/No
2 Company provided a well-structured training program.		Yes/No
3 Student is exposed to good engineering practice (team work, engineering		Yes/No
ethic, occupational health and	• /	
4 Student has good relationship with industrial training supervisor.		Yes/No
5 Student has good inter departmental interaction/relationship		Vac/No

2 Company provided a well-structured training program.	Yes/No
3 Student is exposed to good engineering practice (team work, engineering	Yes/No
ethic, occupational health and safety).	
4 Student has good relationship with industrial training supervisor.	Yes/No
5 Student has good inter-departmental interaction/relationship.	Yes/No
6 Student developed managerial skills (planning, monitoring, and	Yes/No
corrective measures, reporting).	
7 The training is useful for student future endeavor.	Yes/No
8 The training interests and inspires the student to be an engineer after	Yes/No
completing my study.	
Additional comments/suggestion by students	



## Industrial Supervisor Feedback

Signature/Date:

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1 Student has good understanding on general function and purpose of the department or section he is working with.	Yes/No
2 Student has the ability to understand the instructions or requirement of	Yes/No
the job.	1 65/110
3 Student is resourceful and has the ability to work independently.	Yes/No
4 Student has good dedication towards the tasks given.	Yes/No
5 Student has good communication skill and good interaction with others.	Yes/No
6 Student complies to company rules and regulations.	Yes/No
7 Student adheres to company work ethics and conducts.	Yes/No
8 Student is willing to learn, acquire and apply new knowledge.	Yes/No
Additional comments/suggestion by industrial supervisor	
Comments by visiting lecturer	
I hereby certify that above information is true.	
Student Name:	
Signature/Date:	
Signaturo, Date.	
Industrial Training Supervisor:	
Signature/Date:	
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Visiting Lecturer:	