



INDUSTRIAL TRAINING COMPLETION FORM
FACULTY OF INFORMATION SCIENCE AND TECHNOLOGY

(Name & Organisation Address)

Date:

Dean Office
Faculty of Information Science and Technology
Universiti Kebangsaan Malaysia
43600 Bangi, Selangor

(att : HEJIM Unit)

Sir,

CONFIRMATION OF INDUSTRIAL TRAINING COMPLETION

Student's Name : _____

Matric No. : _____

Duration of Training : _____

Referring to the above, I am pleased to inform that the student has successfully completed Industrial training in our organization.

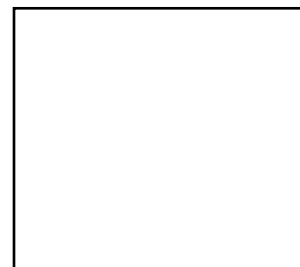
Thank You.

Officer's Name : _____

Position : _____

Date: _____

Officer's Signature : _____



Organisation's Official Stamp