



**KOLEJ POLY-TECH MARA KUANTAN  
KM 8, JALAN GAMBANG,  
25150 KUANTAN, PAHANG DARUL MAKMUR**

Tel : 09-536 6701 / 6513 / 6514  
Fax : 09-536 6515

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**STUDENT MONITORING REPORT**

This form needs to be completed by the Academic Supervisor

Student's Name : \_\_\_\_\_

I.D. No : \_\_\_\_\_

Organisation Name : \_\_\_\_\_

Industrial Supervisor Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Contact No. : \_\_\_\_\_

  

Task Assigned : \_\_\_\_\_  
\_\_\_\_\_

  

Comment : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  

Academic Supervisor Name : \_\_\_\_\_

  

Signature : \_\_\_\_\_

**The completed form must be submitted to the Industrial Training Coordinator**