INDUSTRIAL TRAINING LOGBOOK

PROGRAM CODE	
PROGRAM NAME	
COMPANY NAME	

STUDENT'S INFORMATION	
NAME	
ID. NO.	
IC. NO.	
ADDRESS	
CONTACT NO.	
ACADEMIC SUPERVISOR'S INFORMATION	
ACADEMIC SUPERVISOR	
CONTACT NO.	
INDUSTRIAL SUPERVISOR'S INFORMATION	
COMPANY NAME	
ADDRESS	
INDUSTRIAL SUPERVISOR	
CONTACT NO.	
REPORTING DATE	
DURATION	

Week No. :

Date	Task	Remark

<u>Approved by</u>

Supervisor Name   :

Signature   :

Date   :