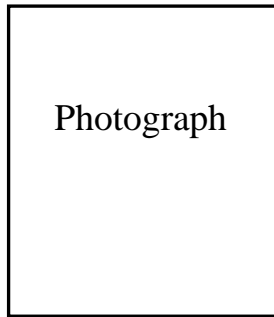


Student Profile



Name of the Student :

Registration Number :

Course Code & Title :

Address :

Contact Number :

E mail Address :

Internal Supervisor :

External Supervisor :

Place of the assignment :

Title of the project :

First Week

Day	Task	Signature of the ES	Signature of the IS
01			
02			
03			
04			
05			
06			

Second Week

Day	Task	Signature of the ES	Signature of the IS
01			
02			
03			
04			
05			
06			

Third Week

Day	Task	Signature of the ES	Signature of the IS
01			
02			
03			
04			
05			
06			

Fourth Week

Day	Task	Signature of the ES	Signature of the IS
01			
02			
03			
04			
05			
06			

Fifth Week

Day	Task	Signature of the ES	Signature of the IS
01			
	<i>* Indicate status of the 1st review progress report</i>		
02			
03			
04			
05			
06			

Sixth Week

Day	Task	Signature of the ES	Signature of the IS
01			
02			
03			
04			
05			
06			

Seventh Week

Day	Task	Signature of the ES	Signature of the IS
01			
02			
03			
04			
05			
06			

Eighth Week

Day	Task	Signature of the ES	Signature of the IS
01			
02			
03			
04			
05			
06			

Ninth Week

Day	Task	Signature of the ES	Signature of the IS
01			
	<i>* Indicate status of the 2nd review progress report</i>		
02			
03			
04			
05			
06			

Tenth Week

Day	Task	Signature of the ES	Signature of the IS
01			
02			
03			
04			
05			
06			



Eleventh Week

Day	Task	Signature of the ES	Signature of the IS
01			
02			
03			
04			
05			
06			

Twelfth Week

Day	Task	Signature of the ES	Signature of the IS
01			
02			
03			
04			
05			
06			

Thirteenth Week

Day	Task	Signature of the ES	Signature of the IS
01			
	<i>* Indicate status of the 3rd review progress report</i>		
02			
03			
04			
05			
06			

Fourteenth Week

Day	Task	Signature of the ES	Signature of the IS
01			
02			
03			
04			
05			
06			



Fifteenth Week

Day	Task	Signature of the ES	Signature of the IS
01			
02			
03			
04			
05			
06			

Comments of the External Supervisor on the student (non-confidential):

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Comments of the Internal Supervisor on the Student (non-confidential):

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Any Special Remark:

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Please detach duly completed this sheet and hand it over to the student so that he/she can return it to the university.

Any special need of the industry that the university can collaborate/work together through its expertise, laboratory and field facilities, human resources etc.

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Indicate whether the industry is willing to support the university with student training/ exposure visits etc.

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