



CERTIFICATE OF PRACTICAL WORK

Section to be completed by Student

Student Family Name		First Name	
Student ID Number		Specialisation	
Full Company Name			
Company Physical Address			
Company Website Address			

Period Worked (Details Must be Exact)

Start Date (DD/MM/YYYY):	End Date (DD/MM/YYYY):
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Are you in your final year of study or have already completed your academic requirements? YES / NO

Nature of Work (To be classified showing the hours for each classification)	Hours	
	General	Sub Prof
Total Hours Worked		

I understand that these details are a true and accurate description of my work placement, and agree that this work may be subject to validation by the Faculty of Engineering.

Signature:..... Date:.....

Section to be completed by Supervisor

Comments Regarding Student Performance:

Signature:	Date:
Name:	Position:
Email Address:	Contact Number: