

**PLACEMENT APPROVAL FORM**  
**(TO BE COMPLETED BY THE EMPLOYER)**

Name and ID of Student:

Year of Course & Department:

\*Name/Title and Address of Employer/Establishment:

\*\*Actual Location of Student on Training (Factory, Site, Office etc)

<i>Designation and Full Name of Industry-Based Supervisor:</i>	<i>Contact tel. number and e-mail</i>

Nature of Work-Experience /Training Program Available: *(Please give a brief description)*

**Signature of Company's Training Officer**

**Company Stamp and Date**

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*\*This form shall be completed by the company supervisor and forwarded to the department ITP advisor by student. \*\*Correct information is required to facilitate supervisory visits by academic staff of the University.*