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Faculty of ICT
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ICT Research/Field & Project Coordination Unit

RIS 998, RPT 199 & RPT 299

ARRIVA NOTE

Name of student:

Reg No: Mobile Phone No

I (student) declare that I have started working with the

Company/Institution/Organization:

Address: P. O. Box Town

Tel No: Fax No.....

Email address:

Description of location of PT station

Date of starting PT:

Name of Training officer(s) 1: Position

2: Position

3: Position

General description of work:

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Description of the work place(s):

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The company/institution contact person:

Tel No/Mobile Phone No:Fax No:

Email address: Position

Signature of student: Date:

Signature of student: Date:

OFFICIAL STAMP

NB: Students should scan and send to Practical Training Coordinator FICT not later than two weeks after Arrival