



UNIVERSITI TUNKU ABDUL RAHMAN
Faculty of Accountancy and Management

APPLICATION OF INDUSTRIAL TRAINING LETTER

TO BE COMPLETED BY APPLICANT

Name: _____ HP. No.: _____
(In Block Letter)

Reg. No.: _____ I.C. No.: _____

Course: _____ Faculty: _____

Company Address: _____

To: _____

Industrial Training Duration Date: _____

* Delete whichever is not applicable

FOR OFFICE USE ONLY	
Date received: _____	Action taken: ()
Signature: _____	Date: _____
	Signature: _____