



**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: \_\_\_\_\_

Signature: \_\_\_\_\_

Action taken: (     )

Date: \_\_\_\_\_

Signature: \_\_\_\_\_