

## THE UNIVERSITY OF BUEA

HIGHER TECHNICAL TEACHER
TRAINING
COLLEGE (H.T.T.T.C) KUMBA

P.O BOX 249 BUEA RD KUMBA TEL: (+237) 233- 35-46-91



#### **UNIVERSITE DE BUEA**

ECOLE NORMALE SUPERIEURE DE L'ENSEIGNEMENT TECHNIQUE (ENSET) DE KUMBA

FAX / (+237) 233-35-46-92

# INTERNSHIP PLACEMENT LOG BOOK

NAME OF STUDENT:	
PROFESSIONAL	
SUPERVISOR:	

**ACADEMIC YEAR: 20\_\_/20\_** 

#### THE LOG BOOK

This book is to assist the student to keep record of the training. It will show the departments and sections in which the student has worked and the periods of time spent in each.

The daily work carried out during the periods of training is to be recorded clearly with sketches and diagrams where applicable.

Students are required to present the log book at intervals to the company-based Supervisor for assessment of each content and progress. The Supervisor can use any page for his comments where necessary.

The training Supervisor or Monitor of H.T.T.T.C. Kumba will check the log book at regular intervals to ensure that the proper training is being received, and record his comments on the paper provided for this purpose, towards the end of the book.

#### CHANGE OF ATTACHMENT

A student is expected to start and finish his internship in one establishment. If it becomes absolutely necessary that he must change his place of attachment, the student should first secure permission in writing from the Director of Studies's office. His/her application for change of pace of attachment should indicate the name and the address (not just Post Office Box) of the Company or organisation to which he/she wishes to transfer. Any attachment not properly authorized will be cancelled.

#### REQUEST FOR THE COMPANY-BASED SUPERVISOR

Please read page six of this log book and the attached performance Evaluation Sheet and enter your assessment as required.

Student's Passport Photograph

#### STUDENT'S PARTICULARS

Name of Student	 
Matricule No. of Student	
Faculty/School	 _
Department	
Year of Course	 
Name of Company / Establishment Attached	
Name of Company-Based Supervisor	
DUDGI VISOI	

#### ORGANISATIONAL PROFILE

Name of
Establishment:
Location and
address:
Size of Organization: Large / Medium / Small
ACTIVITIES / JOBS UNDERTAKEN / NO. OF EMPLOYEES
1
2
3
4
5
6
7
8
9

Description of Organization Structure (with chart) or diagrams on a separate sheet

The student should draw the organization Chart of the company or organisation hereunder

#### ATTENDANCE REGISTER

(To be completed by company or organisation-based supervisor)
No of days present /over number of days in week, e.g. 3/5

WEEK	PERIOD	ATTENDANCE
1st Week		
2 <sup>nd</sup> Week		
3 <sup>rd</sup> Week		
4 <sup>th</sup> Week		
5 <sup>th</sup> Week		
6 <sup>th</sup> Week		
7 <sup>th</sup> Week		
8 <sup>th</sup> Week		
9 <sup>th</sup> Week		
10 <sup>th</sup> Week		
11 <sup>th</sup> Week		
12 <sup>th</sup> Week		
13 <sup>rd</sup> Week		
15 <sup>th</sup> Week		
16 <sup>th</sup> Week		

#### **OVERALL COMMENTS**

By company or organisation-based Supervisor	
	Name of Supervisor

Signature and stamp of Supervisor

Training Progress Week I	Date:
Monday	
Tuesday	
Wednesday	
Thursday	
·	
Friday	
Saturday	

## FOR SKETCHES, DIAGRAMS AND GRAPHS (Week 1)

(Additional drawings may be attached where necessary) The student may also use this space for additional reports
Comments by Supervisor:
Name: Date: Signature:

## **Training Progress Week 2**

Date:		
Date:		

Monday
Tuesday
Wednesday
Thursday
Friday
Saturday

## FOR SKETCHES, DIAGRAMS AND GRAPHS (Week 2)

(Additional drawings may be attached where necessary) The student may also use this space for additional reports
Comments by Supervisor:
Name:

Training Progress Week 3	Date:
Monday	
Tuesday	
•	
Wednesday	
Thursday	
Friday	
Saturday	

## FOR SKETCHES, DIAGRAMS AND GRAPHS (Week 3)

(Additional drawings may be attached where necessary) The student may also use this space for additional reports
Comments by Supervisor:
Nama
Name:

## **Training Progress Week 4**

Doto		
Date:		

Monday
Tuesday
Wednesday
······································
Thursday
T. 1
Friday
Saturday

## FOR SKETCHES, DIAGRAMS AND GRAPHS (Week 4)

(Additional drawings may be attached where necessary) The student may also use this space for additional reports
Comments by Supervisor:
Name:
Signature:

Training Progress Week 5	Date:
Monday	
Tuesday	
•	
Wednesday	
•	
Thursday	
Friday	
Saturday	

## FOR SKETCHES, DIAGRAMS AND GRAPHS (Week 5)

(Additional drawings may be attached where necessary) The student may also use this space for additional reports
Comments by Supervisor:
N.
Name:

Date:	
	••••••
	• • • • • • • • • • • • • • • • • • • •
	Date:

## FOR SKETCHES, DIAGRAMS AND GRAPHS (Week 6)

(Additional drawings may be attached where necessary) The student may also use this space for additional reports
Comments by Supervisor:
Name:
Signature:

#### FOR THE USE OF INSTITUTION SUPERVISOR ONLY

General comments on first/second/third (delete as appropriate) visit
Name of Supervisor:
Signature of Supervisor
Date:

#### FOR THE USE OF INSTITUTION SUPERVISOR ONLY

General comments on first/second/third (delete as appropriate) visit
Name of Supervisor:
Signature of Supervisor
Date: