

Universiti Tunku Abdul Rahman

Form Title : Industrial Training Emergency & Special Cases Form

Form Number : **FM-FES-ITC-006**

Rev No: **1**

Effective Date: **29/05/2017**

Page No: **1 of 2**

Student Name & ID : _____

Department & Programme : _____

Training Period : _____

Contact number and email : _____

Company Name & Address : _____

Visiting & Academic Lecturer : _____

Instructions:

- Please refer to the IT Emergency & Special Cases SOP.
- Kindly attach the necessary supporting documents.

Incident: (Please state clearly the incident/problems encountered, date and person involved. IT Coordinator shall carry out the preliminary investigation to verify & clarify the validation of the special cases.)

Emergency : _____

Special Cases : _____

Action Taken/Response (Decision from special ITC meeting):

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Follow-Up /Monitoring by Faculty:

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Outcome:

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Prepared by,

Acknowledged by,

Acknowledged by,

Dr XXXX
IT Coordinator

Dr XXXX
DD/ITC Chairman

Dr XXXX
HoD