



Universiti Tunku Abdul Rahman
Lee Kong Chian Faculty of Engineering and Science

Industrial Training Emergency/Special Cases

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):

Follow-Up /Monitoring by Faculty:

Outcome:

Prepared by,

Acknowledged by,

Acknowledged by,

Dr XXXX
IT Coordinator

Dr XXXX
DD/ITC Chairman

Dr XXXX
HoD