

**THE UNIVERSITY OF MELBOURNE
FACULTY OF ENGINEERING
PRACTICAL EXPERIENCE**



Please submit completed form to your departmental office. You are advised to make a copy for your own records.

Student ID No.:

Surname: **Given Names:**

Contact phone number: **E-mail:**

Course: **Department:**

Name of Employer:.....

Employer's Address:.....

.....

Number of weeks worked:..... **Dates:** **To:**.....

Brief Description of Work

Name of Supervisor:

Signature of Supervisor:

Telephone Number: **Email:**

Office Use Only

Departmental Approval:Date:

Signature of Head of Dept:Date:

Certificate Issued:Date: