DEPARTMENT OF MECHANICAL & MECHATRONIC ENGINEERING
STELLENBOSCH UNIVERSITY
VACATION TRAINING CERTIFICATE

TO BE COMPLETED BY THE STUDENT

Official use:
- ☐ Accepted
- ☐ Redo the vacation training
- ☐ Redo the report

_____

_____

Date ____ /_____/_____

Signature _____

STUDENT'S NAME: .....

STUDENT NUMBER: .....

FIELD OF STUDY: .....

PERIOD OF TRAINING: First, 341 ☐

Second, 441 ☐

EMPLOYER'S NAME AND ADDRESS: .....

.....

EMPLOYER'S EMAIL ADDRESS: .....

DATE STARTED SERVICE: ..... DATE LEFT SERVICE: .....

DATES OF INTERRUPTIONS (DATES NOT AT WORK): ....

TO BE COMPLETED BY THE STUDENT'S VACATION TRAINING SUPERVISOR

TYPE OF WORK DONE: .....

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GENERAL CONDUCT (please indicate whether acceptable or not[1]): .....

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OTHER REMARKS: .....

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....

DATE **SUPERVISOR'S SIGNATURE**

.....

SUPERVISOR'S NAME AND CONTACT NUMBER

OFFICIAL STAMP OF EMPLOYER[2]