

Engineering Practice Certificate – College of Science and Engineering

Student: Name: _____
Student Number: _____
Engineering Major: _____

Employer Details: Company Name: _____
Address: _____

Employment Details: Job description: _____
Starting Date: _____
Completion Date: _____

REQUIRED - Total number of days worked: _____
REQUIRED - 8 hour day 10 hour day 12 hour day

Supervisor Details: Name: _____
Position: _____
Phone: _____ Email: _____

Supervisor's Report:
I have read and approved the student's Engineering Practice report: Yes No

The student's technical competence has been

Outstanding	Good	Satisfactory	Less than satisfactory	Unacceptable

The student's team and interpersonal skills has been

Outstanding	Good	Satisfactory	Less than satisfactory	Unacceptable

The student's diligence and dependability has been

Outstanding	Good	Satisfactory	Less than satisfactory	Unacceptable

Comments:

Supervisors Signature: _____ Date: _____

Upon completion please return to student for submission to the College Office or email to cse.academicsservices@jcu.edu.au

TO BE COMPLETED BY COLLEGE OFFICE		
Date Received	Name	Processed