

**School of Advanced Manufacturing and Mechanical Engineering**

**CERTIFICATE OF PRACTICAL EXPERIENCE**

THIS SECTION TO BE COMPLETED BY THE STUDENT	
<b>Student ID Number</b>	<b>Title (please circle)</b> Mr / Mrs / Miss / Ms
<b>Given Names</b>	<b>Family Name</b>
<b>Full Name of Program</b>	

THIS SECTION TO BE COMPLETED BY THE EMPLOYER
<p>I hereby certify that Mr/Mrs/Miss/Ms .....</p> <p>Was employed by me from ..... to ..... totalling a period of .....</p> <p>The duties were as follows .....</p> <p>.....</p> <p>The student was engaged in those duties for an average of ..... hours per day.</p> <p>I understand that the student is required to submit to the School a report on the work undertaken whilst in my employment.</p> <p>Signed .....</p> <p>Business Name .....</p> <p>Address .....</p> <p>Contact phone/email .....</p>

OFFICE USE ONLY
<b>Recommendation from Industry Experience Coordinator</b>
<p>I recommend that the Student's experience outlined above is satisfactory. The Student's report has been reviewed and constitutes a pass result.</p> <p>Signature ..... Date .....</p>