

Day/Month/Year : \_\_\_\_\_

## Certification of Overseas Training

President of National Institute of Technology,Ube College

Institute \_\_\_\_\_

Supervisor  
(Signature) \_\_\_\_\_

Proven record is as follows

Affiliation	Department of ( _____ ), National Institute of Technology,Ube College Grade : ( _____ )			
Name of student				
Term	Day/Month/Year : _____ ~		Total actual work days of training Days : ( _____ )	
Subject				
Condition	Attendance	Absence	Arriving late	Leave early
	Day : _____	Day : _____	Times : _____	Times : _____
Achieved Level	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Common <input type="checkbox"/> Poor <input type="checkbox"/> Below			
Remark				