

**JOMO KENYATTA UNIVERSITY OF
AGRICULTURE AND TECHNOLOGY
(JKUAT)**

FACULTY OF ENGINEERING

**STUDENTS INTERNAL ATTACHMENT
LOG-BOOK**

DURATION : 8 WEEKS

T H E L O G B O O K

1. INTRODUCTION

This book is to assist the student to keep a record of the training. It will show the workshops and laboratories in which the student has worked and the period of time spent in each.

2. DAILY REPORT

The daily work carried out during the periods of training is to be recorded clearly with sketches and diagrams where applicable.

3. WEEKLY REPORT

This a summary of work done in a week and should cover theory/practical report on the work covered. Students are required to present the log-book weekly to the Lecturer/Supervisor for assessment of content and progress. The Lecturer/Supervisor can use any page for his comments where necessary.

4. ATTACHMENT PROGRAMME

The student must follow the set out attachment programme formulated by the department, which should be given to the student at the beginning of the programme.

5. REPORT WRITING

In addition to the daily and weekly record the student should submit a summary report of the work done during the attachment duration. e.g. full coverage of the course, problems encountered. Suggest improvements to make the programme worthwhile.

6. REPORT SUBMISSION

The log-book and report must be submitted to the relevant Departmental Attachment Co-ordinator at the end of the attachment. The report should contain a summary of activities of the organisation, manufacturing/services processes the student was involved in.

This co includes the highlights of the project the student was involved in. The student is expected to point out the weak and strong points of the attachment.

7. REPORT SUBMISSION

The log-book and report must be submitted to the relevant departmental Attachment Co-ordinator at the end of the

attachment.
S T U D E N T ' S P A R T I C U L A R S

Name of Student :

(Surname First)

Registration No. of the student :.....

Department :.....

Course of study :

.....

Year of course :

Name and Address of Company/Establishment Attached:.....

.....

.....

Name of Industry-Based Supervisor :

.....

.....

Duration : From :

To :

The student could draw the organization chart of industry attached hereunder.

ATTACHMENT TIME-PLAN

(The student should draw a time-table indicating time to be sent on each task/section).

WEEKLY PROGRESS CHART

(WEEK ENDING.....)

DAY	DESCRIPTION OF WORK DONE
Mon.	
Tue.	
Wed.	
Thur.	
Frid.	
Sat.	

TRAINEE'S WEEKLY REPORT

NOTE : USE BACK PAGE FOR THE CONTINUATION OF THE REPORT
FOR SKETCHES, DIAGRAMS AND GRAPHS DATE :

(Additional drawings, may be attached where necessary)
The student may also use this space for additional reports.

Student's Signature :..... Date :.....

Comments by Lecturer/Supervisor:.....
.....
.....

Name:

Signature: Date :

WEEKLY PROGRESS CHART (WEEK ENDING:.....)

DAY	DESCRIPTION OF WORK DONE
Mon.	
Tue.	
Wed.	
Thur.	
Frid.	
Sat.	

FOR SKETCHES, DIAGRAMS AND GRAPHS

DATE:

(Additional drawings may be attached where necessary)
The student may also use this space for additional reports.

Student's Signature :Date :

Comments by Lecturer/Supervisor:.....

.....

.....

Name:

Signature :..... Date :

WEEKLY PROGRESS CHART

(WEEK ENDING.....)

DAY	DESCRIPTION OF WORK DONE
Mon.	
Tue.	
Wed.	
Thur.	
Frid.	
Sat.	

TRAINEES' WEEKLY REPORT

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FOR SKETCHES, DIAGRAMS AND GRAPHS

DATE:.....

(Additional drawings, may be attached where necessary)
The student may also use this space for additional reports.

Student's Signature :Date :

Comments by Lecturer/Supervisor :.....
.....
.....

Name:

Signature : Date:.....

WEEKLY PROGRESS CHART

(WEEK ENDING.....)

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(WEEK ENDING)

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(WEEK ENDING.....)

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(WEEK ENDING)

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Name:

Signature :..... Date :

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(WEEK ENDING)

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TRAINEES' WEEKLY REPORT

NOTE: USE BACK PAGE FOR CONTINUATION OF THE REPORT

FOR SKETCHES, DIAGRAMS AND GRAPHS
26

DATE:

(Additional drawings, may be attached where necessary)
The student may also use this space for additional reports.

Student's Signature: Date:.....

Comments by Lecturer/Supervisor:

.....

.....

Name:

Signature: Date :

FOR THE USE OF INSTITUTION SUPERVISOR ONLY

General comments on first/second/third (Delete as appropriate)
Visit.

Name of Supervisor:.....

Signature of Supervisor :

Date :