Appendix 7:

UGANDA BUSINESS AND TECHNICAL EXAMINATIONS BOARD

Industrial Training Results Submission Form

Name of Institution:.....

Centre Number:.....

Programme/Course:.....

Year of Study:.....

Academic Year:.....

Paper Code & Name:.....

S/N	NAME OF CANDIDATE	REG. NO.	INSTITUTIONAL SUPERVISOR	FIELD SUPERVISOR	IT REPORT	TOTAL
			30%	50%	20%	100%

Name of Head of Institution:.....

Signature, Date & Stamp:.....

UGANDA BUSINESS AND TECHNICAL EXAMINATIONS BOARD
09 AUG 2016
Tel: 0414-289787
P.O.BOX 1499, KAMPALA
EXECUTIVE SECRETARY