**Borang Jawapan Organisasi *(Organization Reply Form)***

To: PROGRAMME COORDINATOR OF PRACTICAL TRAINING
HE_____/ HP_____
FACULTY OF BUSINESS, ECONOMICS & ACCOUNTANCY
UNIVERSITI MALAYSIA SABAH
LOCKED BAG NO.2073
88999 KOTA KINABALU, SABAH.
TEL. NO. +6088 320000 EXT. _____
FAX NO. +6088 320360

TARIKH*(Date)*: _____

**U.P. *(Attn. To)*: _____**

1. NAMA DAN ALAMAT PENUH ORGANISASI *(Name and full address of organization)* :

_____

_____

2. NO.TELEFON *(Tel. No.)* : _____ NO.FAX *(Fax no.)*: _____

3. E-MAIL : _____

4. NAMA PELAJAR (*STUDENT(S) NAME*): _____

5. PROGRAM **(Bulatkan pilihan*/Circle the selection*)**: **HE02 / HE04 / HE05 / HE06 / HE07 / HE08 / HE09 / HE10 / HE11 / HP08**

6. DITERIMA (*ACCEPT*): [ . ] TIDAK DITERIMA (*REJECT* ): [ ]
Sila ke soalan 14/Proceed to question No.14

7. JANGKA MASA KERJA *(Duration of attachment)* :_____ HINGGA (*till* ) _____

8. PEGAWAI PENYELIA DAN GELARAN *(Appointed Supervisor and designation):*_____

9. CADANGAN JENIS KERJA / BIDANG KERJA PELAJAR *(Type of proposed work/field of work for the student) : e.g. Marketing department-Sales and Promotion*

_____

_____

10. ELAUN/ALLOWANCE: ADA (PROVIDED)/TIADA (NOT PROVIDED)
Jumlah/Amount: _____ (jika ada/if provided)
11. KEDIAMAN/ACCOMMODATION ADA (PROVIDED)/TIADA (NOT PROVIDED)
12. PENGANGKUTAN/TRANSPORTATION ADA (PROVIDED)/TIADA (NOT PROVIDED)
13. LAIN-LAIN JIKA ADA. SILA NYATAKAN/OTHERS. IF ANY PLEASE STATE:

_____

14. KETERANGAN LAIN *(Others Specification):*

_____

15. TANDATANGAN & COP SYARIKAT *(Signature & Company Stamp):*

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