



BRAINWARE UNIVERSITY
Field Trip/Industrial Visit Report

DEPARTMENT OF _____

Name of the Student: _____ **Student Code:** _____

Date of the Visit: _____

Visit to: _____

Basic Purpose of the Visit: _____

Units Visited/Activities Conducted: _____

Learning Outcomes from the Visit: _____

Suggestions (if any) related to the visit: _____

Signature of Student

Full Signature of Coordinating Faculty

Full Signature of Head of Department
