



STUDENT INDUSTRIAL WORK EXPERIENCE SCHEME
(Office of the Vice-Chancellor)

P.M.B 001, Ipaja,
Lagos.
Email: siwesunit@aul.edu.ng
Website: www.aul.edu.ng

AUL SIWES Form 1
PLACEMENT ACCEPTANCE FORM
(This form is to be filled accurately by the employer)

A. STUDENT'S PARTICULARS

Name of Student: Mr/Miss/Mrs
Programme/Course of study:
Department:

B. EMPLOYERS' PARTICULARS

Name of Employer/Establishment:
Address with description (not P.O. Box):
.....
.....
Location of student on training (Factory, Site, Laboratory, Office, etc)
.....
.....

C. INDUSTRY-BASED SUPERVISOR'S PARTICULARS

Full name & designation:
.....
Office Telephone Number: Mobile:
Email:

Signature of Officer in charge

Date

INDUSTRIAL TRAINING FUND
STUDENTS COMMENCEMENT ATTACHMENT FORM (SCAF)

From (Name of Org.) :

To: ITFArea Office

Address:

S/n	Name of student	Name of Institution	Matric. No.	Course of study and year/level	Period of attachment in months	Date of commencement	Date of completion	Remarks

This form is to be completed and sent to the nearest ITF Area Office.

Stamp and Signature of Employer:.....

Date:.....