



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

P.M.B 001, Ipaja,
Lagos.
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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