

**STUDENT INDUSTRIAL  
WORK EXPERIENCE SCHEME  
(SIWES) UNIT**

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**AFE  
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[www.abuad.edu.ng](http://www.abuad.edu.ng)

**STUDENTS' EVALUATION FORM**

**PART A (To Be Completed by Student)**

1. Name of Student: ..... Matric. Number.....
2. Department..... Level: ..... Session: .....
3. Name of Company.....
4. Address.....
5. Date of commencement..... Expected Date of Completion: .....
6. Student's Signature and Date.....

**PART B (To be Completed by Industry-based Supervisor)**

- Please access the student as follows:

Criteria	Excellent	Good	Average	Below Average	Poor
Punctuality					
Comportment					
Independent Reasoning					
Creativity/Innovation					
Professionalism					
Practical Application					
Analytical Reasoning					

Kindly tick the student's performance criteria that best reflect your observations.

- Indicate your rating for this student, from 1 (lowest) to 10 (highest), in the space provided in this box

**7. Additional (Comments Industry-Based Supervisor)**

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**Name of Industry-Based Supervisor:** .....

**Signature/Date/Stamp:** .....

**PART C (To be Completed by Institution-based Supervisor)**

**8. Comments by Institution-Based Supervisor**

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**Name/ Email/Phone Number:** .....

**Signature/Date:** .....