



OLABISI ONABANJO UNIVERSITY
P.M.B. 2002, AGO-IWOYE, OGUN STATE, NIGERIA

SIWES COORDINATING UNIT

Form for Offer of place and Assumption of duty to students for
Industrial Attachment by employers

Student Industrial Work Experience Scheme (SIWES)

(TO BE CONTINUED BY THE EMPLOYER)

1. Name of Student:.....
2. Matric No:.....
3. Year of Study:.....
4. Course of Study/Discipline:.....
5. Nature of work-experience available: (please give a brief description)
.....
.....
.....
.....
6. Period of Industrial Attachment:.....
(e.g Six Months, July 2011-Dec. 2011)
7. Full Name of training officer:..... Phone No:.....

Signature:..... Date:..... Company Stamp:.....
8. Company's full Name and Address:.....
.....
.....
..... Company's Telephone.....
9. Student's Signature & Date:.....

N.B. This form must be completed and forwarded to the SIWES co-ordinating unit by
student concerned within ONE-WEEK of his/her Assumption of duty/reporting for training.