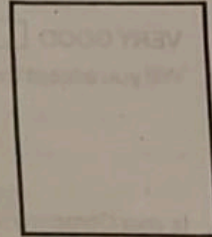


MIANGO ROAD, P.M.B. 2199, JOS



PART A (To be completed by the Student)

1. (a) Name in full:.....
 (b) Registration/Matriculation Number:
 (c) Course of Study:..... Year of Study.....
 (d) Name of Institution:.....
2. (a) Name and Address of the Company/Establishment of attachment

 (b) Department/Section:
 (c) Period of Attachment. From..... To:.....
 Number of weeks:.....
3. Brief outline of experience of training provided:
4. (a) Where were you attached last? (if applicable):
- (b) Total Number of weeks engaged in industrial attachment:.....
 Signature of Student:..... Date:.....

Do you agree with The student comments in item 3 in part A? Yes/No.

If No, please comment: