INDUSTRIAL TRAINING COORDINATING CENTRE

UNIVERSITY OF IBADAN, IBADAN



SESSION

2024/2025

DATE AND OFFICIALSTAMP

LEVEL DURING TRAINING



SIWES JOB REPORTING FORM (IT-UI-014)

OTHER NAMES

STUDENT SUPERVISOR'S SIGNATURE

Obaloluwa Stephen

COURSE OF STUDY

SURNAME

Adegbokun

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	D FOR TRAINING: 01 09 2025	
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