



Form 2^B

To:

The SIWES Coordinator,

Sule Lamido University, kafin Hausa,

Jigawa state.

SIWES ACCEPTANCE FORM

PART A (to be filled by the student)

1. Name of the student:
2. Student registration number:

PART B (to be filled by the official of the company/establishment)

3. Name of the company/establishment:
.....
.....
4. Full location (including block and street number):
.....
.....
.....
5. Is the company/establishment willing to accept the student? Yes/No
6. Name of the officer-in-charge:
7. Rank of the officer-in-charge:
8. Phone Number:Email Address:

Signature and official stamp

Dates