



# FEDERAL UNIVERSITY OF TECHNOLOGY, MINNA

## Office of the Vice Chancellor

### Industrial Liaison Unit

**Vice Chancellor:**

Prof. Abdullahi Bala, BAgric, MSc, PhD, FRSRU

**Industrial Liaison Officer:**

Prof. Job N. Nmadu, BSc, MSc, PhD, fnaae

PMB 65, Minna, Niger State, Nigeria

Phone: +2348085392830

Email: indlunit@futminna.edu.ng

Date: 20<sup>TH</sup>-MARCH-2021

Our Ref. FUT/VC/ILU/SIWES/2019/1/

Your Ref. \_\_\_\_\_

4, ERU IFA STREET, IKEJA ELEGUSHI

LEKKI, LAGOS, NIGERIA

hello@lunoid.co

Sir/Madam,

### REQUEST FOR YEAR 2020 INDUSTRIAL TRAINING (STUDENTS' INDUSTRIAL WORK EXPERIENCE SCHEME) PLACEMENT

The bearer..... ISAAC AMEH .....with  
Matriculation Number..... 2015/1/54620EM .....is a 400 Level student  
of BEng/BTech in..... MECHANICAL ENGINEERING .....Department.  
He/She is required to be on Industrial Attachment for Six/Nine months as part of the  
graduation requirement. The programme is expected to commence  
by..... APRIL 2021 .....and end by..... SEPTEMBER 2021 .....

Consequently, your organisation/establishment is adjudged as the most suitable and well-placed to provide work experience relevant to the student's discipline. We therefore request you to kindly accept the student on the programme. To allow for proper planning, you are please requested to complete the attached acceptance form and return through the student or by post.

Please accept our appreciation for your kind co-operation.

Yours faithfully,

Prof. Job N. Nmadu, fnaae  
Industrial Liaison Officer  
For Vice Chancellor



**FEDERAL UNIVERSITY OF TECHNOLOGY, MINNA**  
**Office of the Vice Chancellor**  
**Industrial Liaison Unit**

Ref. No. ....

Date:.....

**The Vice Chancellor**  
Federal University of Technology,  
PMB 65,  
Minna, Niger State.

Sir,

**2020 INDUSTRIAL TRAINING (STUDENTS' INDUSTRIAL WORK EXPERIENCE  
SCHEME) ACCEPTANCE FORM**

Name of the Establishment: .....

Full location/address (Please indicate Street No.).....

.....  
.....

1. Number of students willing to accept:.....

2. Students Names where applicable:

2.1: .....

2.2. ....

2.3: .....

3. Matriculation Number of students

3.1: .....

3.2. ....

3.3: .....

4. Discipline/Department of the students

4.1: .....

4.2. ....

4.3: .....

.....  
Name and Rank of Officer-in-charge

.....  
Signature and Stamp of Company/Organisation

Date:.....