

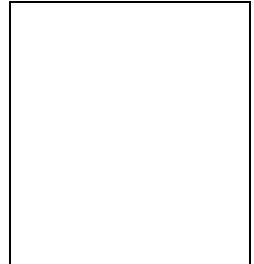


LANDMARK UNIVERSITY

STUDENT INDUSTRIAL WORK EXPERIENCE SCHEME (SIWES) UNIT

ASSESSMENT OF INDUSTRIAL TRAINING PROGRAMME FORM

PART A (To be completed by the Student)



1. (a) Full Name:
- (b) Matriculation Number
- (c) Programme:
- (d) Level

2. (a) Name & Address of the Establishment of Attachment:
-
-
- (b) The Department/Section:
-
-
- (c) Period of Attachment: From: To:
- Number of Weeks:

3. Total Allowance received by Student: ₦.....K
4. Brief outline of experience/relevance of training provided:
-

5. (a) Where were you attached last? (if applicable):
-
-
-
- (b) Total number of weeks engaged on industrial attachment:
- Signature of Student: Date:

PART B (To be completed by the Employer)

6. Do you agree with the student's comments in items 3 & 4 in Part A? YES / NO
If No, please comment:
-
- State total amount paid to student as training allowance ₦K
In words.....

7. Please assess the student's overall performance by ticking the appropriate box provided
EXCELLENT VERY GOOD GOOD VERYSATISFACTORY
POOR

8. Will you accept the student in any future attachment? YES / NO
If No, please comment:
-

- 9. Is your Company/Establishment in a position to offer this student a job in future?
- 10. Will your company want to have IT students from the University subsequently?
- 11. Name of Reporting Officer:
- Designation/Rank:
- Signature/Stamp:.....Date:.....

N.B. Forms duly completed by employers should be returned to student for submission to the University's SIWES Office under seal:

PART C (To be completed by the Institution)

- 12. Indicate number of visits:
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.....
- 13. Give your assessment of facilities provided by Company during visit(s) by ticking:
STANDARD ADEQUATE RELEVANT NOT RELEVANT
- 14. Give your impression of the student's involvement in training: FULLY/PARTIALLY
.....
.....
- 15. Assessment of student's performance (Grading "A, B, C, or D" has to be stated).....
Full Name of Supervisor
- Status:
- Department/Discipline:
- Signature/Stamp:.....
-Date:.....