KWARA STATE POLYTECHNIC, ILORIN

(STUDENTS' INDUSTRIAL WORK EXPERIENCE SCHEME)

P.M.B 1375, ÎLORIN, NIGERIA.

Website: www.kwarastatepolytechnic.edu.ng

Rector: Engr. (Dr.) Abdul Jimoh Mohammed, Ph.D, MNSE, MNImechE, FIDPMIN Director: Dr. Agboola, O. M, Ph.D, MBA, PGDE, MNCS, MCPN, MTRCN

Our Ref:	
Your Ref:	Date:
	А.
Dear Sir/Madam,	ai .
ONE YEAR PRE-HND INDUSTRIAL 1	TRAINING FORM (
A one-year Industrial Work E	xperience Scheme is mandatory for all
	-requisite for those wishing to pursue the
Higher National Diploma Programme.	In this connection, we are soliciting for the
bearer,	а .
of	
Department who is	to complete his/her National Diploma
Programme intl	nis year and is due for the One Year Pre-
	to in your
establishment.	4
This is not an ITF –funded prog	gramme, it will therefore be appreciated if
the attached is remunerated as you deep	
Thank you.	DIRECTOR
- v	COMPENS INDUSTRIAL WORK EXPERIENCE SCHEDE
	CU 40 as but the

DR. AGBOOLA, O. M. DIRECTOR

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Our Ref:

Dear Sir/Madam,

STUDENTS' INDUSTRIAL WORK EXPERIENCE SCHEME 20....... TRAINING YEAR: PLACEMENT RESERVATION REQUEST THROUGH PERSONAL CONTACT

Students in this connections, we give students the opportunity to scout around for placement themselves.

In pursuit of this objective, the bearer.

Mr/Miss/Mrs

(Surname First)

Matric No:

Department:
has indicated an interest in your organization.

We would be grateful if you could kindly oblige him/her. Please do this by completing

the attachment form and return to us.

Thank you.

Yours faithfully,

STIMENTS INDUSTRIAL MORE EXPERIEN

DR. AGBOOLA, O. M. DIRECTOR

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Thanks.

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Engr. (Dr.) Abdul Jimoh Mohammed, Ph.D, MNSE, MNImechE, FIDPMIN Director: Dr. Agboola, O. M, Ph.D, MBA, PGDE, MNCS, MCPN, MTRCN Our Ref: Date: Your Ref: ADDRESS OF INDUSTRY/FIRM PLEASE RETURN TO: The Director, SIWES Kwara State Polytechnic, P.M.B 1375, llorin. STUDENTS' INDUSTRIAL WORK EXPERIENCE SCHEME 20...... TRAINING YEAR: SCHEDULED FOR..... The organisation has carefully considered the request for placement reservation made to us by Mr/Miss/Mrs (Surname first) Matric No: and is able/unable to oblige him/her. Department: Every effort would be made to make his/her stay a most rewarding training experience.

SIGNATURE AND STAMP OF AUTHORISED REPRESENTATIVE OF THE INDUSTRY