



UNIVERSITY of MEDICAL SCIENCES
Ondo City, Ondo State, Nigeria

OFFICE OF THE VICE CHANCELLOR
INDUSTRIAL TRAINING UNIT

Vice Chancellor: Prof. Ebunoluwa Aderonke Adejuyigbe

B.Sc. (Ife), M.B. Ch.B. (Ife), MD, FMCPaed, FNAMed

Ag. Director (SIWES): Dr. Aanuoluwa James Salemcity BSc. (Akungba), MSc., Ph.D. (Ib)

P. M. B. 536, Ondo

Ondo State, Nigeria

website: <http://www.unimed.edu.ng>

UNIMED/SIWES/ITU/EXTLT/001

Date:

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Dear Sir,

**REQUEST FOR INDUSTRIAL TRAINING PLACEMENT OF UNIMED STUDENTS IN YOUR
COMPANY/ ESTABLISHMENT.**

I write to humbly request for Industrial Training Placement for Mr/Miss with Matric Number..... in the Department of of this University. He/She is in year of his/her course of study in the University.

He/she has expressed willingness to have his/her Industrial Training in your establishment for a duration of six months from to We believe that your establishment can provide the required exposure and skills needed by the student.

Students' Industrial Work Experience Scheme (SIWES) is a continuation of the students' studies and not the usual long vacation employment offered to undergraduates by companies/establishments. The Industrial Training Fund (ITF) shall be responsible for the payment of the students' monthly stipend. However, we shall appreciate any financial assistance from your company/establishment for the student's upkeep.

The attaché shall be jointly supervised by the members of staff of your establishment, Industrial Training Fund (ITF) and University of Medical Sciences, Ondo.

Thanks in advance for contributing to the nation's manpower development programme.

Yours faithfully,

Dr. A. J. Salemcity

Ag. Director, SIWES, UNIMED.



OFFICE OF THE VICE CHANCELLOR
INDUSTRIAL TRAINING UNIT

STUDENTS' INDUSTRIAL WORK EXPERIENCE SCHEME (SIWES)
SIWES YEAR 2026
STUDENTS
LETTER OF ACCEPTANCE BY THE ORGANISATION/ESTABLISHMENT

The employer is kindly requested to fill this form on acceptance of our student(s) for SIWES in their organization.
Thank you Sir.

(TO BE COMPLETED BY THE EMPLOYER)

1. Name of
Student.....
2. Course of
Study/Programme.....
3. Nature of Work Experience Available (please give in brief
description).....
.....
4. Period of Industrial attachment.....
5. Full name of the Industrial based Supervisor/Training Officer.....
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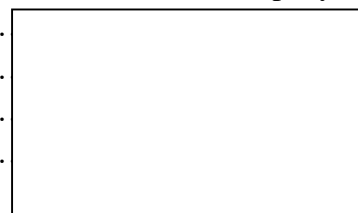
Signature.....

Date.....

Company`s full address

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Company`s Stamp



Telephone number(s).....