



Benson Idahosa University

Students Industrial Work Experience Scheme (SIWES)
Office of the Vice-Chancellor

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Dear Sir/Madam,

REQUEST FOR INDUSTRIAL PLACEMENT

The bearer With Matriculation Number is a student of this University, Department of Faculty of and is now due for Industrial Training. He/she wishes to undertake his/her Students' Industrial Work Experience Scheme (SIWES) in your establishment for the period of three (3) months. The three (3) months training will begin on the day of 202.....

Please accept this as an official request of SIWES placement on his/her behalf.

Student's phone Number.....Signature.....

Name of Company/Establishment.....

Address of Company/Establishment.....

City.....State.....

Accepting Officer.....Phone Number.....

Position of Accepting Officer.....

The SIWES office of Benson Idahosa University appreciates your partnership, even as we look forward to future collaboration.

Yours sincerely,

Dr. Omo Eguasa
Ag. SIWES Director
siwesdirector@biu.edu.ng



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