

DOMINION UNIVERSITY, IBADAN

INDUSTRIAL TRAINING COORDINATION CENTRE

STUDENT’S INFORMATION SHEET

SURNAME…………………………………………………………………………………....................

FIRST NAME……………………………………………………………………………………………

OTHER NAME…………………………………………………………………………………..............

SEX………………………………………………………………………………………………………

MATRIC NUMBER: …………………………………………………………………………………….

LEVEL: …………………………………………………………………………………………………..

DEPARTMENT OF STUDY…………………………………………………………………………….

COURSE/ACADEMIC PROGRAMME: …………………………………………………......................

STUDENT’S EMAIL…………………………………………………………………………………….

STUDENT’S TELEPHONE NUMBER…………………………………………………………………...

STATE OF ORIGIN: ……………………………………………………………………………………..

TOWN OF RESIDENCE………………………………………………………………….......................

PREFERRED TOWN/STATE OF PLACEMENT……………………………………………………….

NAME OF PARENT/GUARDIAN.…………………………………………………………………………

ADDRESS OF PARENT/GUARDIAN: ………………………………………………………………..…

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TELEPHONE NUMBER OF PARENT/GUARDIAN………………………………………….................

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STUDENT’S SIGNATURE DATE