



LAGOS STATE UNIVERSITY OF EDUCATION
 Oto/Ijanikin, with a campus @Odo-Noforija, Epe, Lagos State
 Directorate of SIWES
 Email: siwes@lasued.edu.ng

Insert your
 passport-size
 photograph here.

Write your
 Name, Dept. and
 Matric. No.on the
 reverse side ofthe

STUDENT BIODATA FORM
PROPOSED YEAR OF INDUSTRIAL ATTACHMENT: 20.....

PART A. (To be completed by the student)

1. FULL NAME OF STUDENT

_____	_____	_____
SURNAME	FIRST NAME	MIDDLE NAME

- 2. **MATRIC NUMBER:** _____
- 3. **COLLEGE:** _____
- 4. **DEPARTMENT:** _____
- 5. **COURSE OF STUDY:** _____
- 6. **YEAR OF STUDY:** _____
- 7. **SEX:** _____
- 8. **DATE OF BIRTH:** _____
- 9. **STUDENT ADDRESS FOR SIWES:** _____
- 10. **EMAIL ADDRESS:** _____
- 11. **PHONE NUMBER:** _____
- 12. **NAME AND ADDRESS OF PARENT/GUIDANCE:** _____
- _____
- 13. **PHONE NUMBER OF PARENT/GUIDANCE:** _____
- 14. **BANK NAME:** _____
- 15. **ADDRESS OF BANK'S BRANCH:** _____
- 16. **BANK ACCOUNT NUMBER (10 DIGITS):** _____
- 17. **CHOICE OF PLACE OF PLACEMENT (Students are to choose where they desire to have their SIWES/Internship):** _____
- 18. **ADDRESS OF THE PLACE OF PLACEMENT:** _____
- _____
- 19. **DEAREST BUS STOP TO THE PLACE OF PLACEMENT:** _____
- 20. **PLACEMENT STATE:** _____

PART B. (For Office use only)

Date of submission: _____

Verified by: (Name) _____ **Signature/Date** _____

Entered into Database by: (Name) _____

Signature/Date _____