



# INDUSTRIAL TRAINING FUND

MIANGO ROAD, P.M.B 2199, JOS

## STUDENTS COMMENCEMENT ATTACHMENT FORM (SCAF)

INSTITUTION.....

From:.....  
(Name of Organization)

To: The Area Manager  
ITF:..... Area Office

Location Address:.....

S/NO	NAME OF STUDENT	MATRIC. NO.	COURSE OF STUDY AND YEAR/LEVEL	PERIOD OF ATTACHMENT IN MONTHS	DATE OF COMMENCEMENT	DATE OF COMPLETION	REMARKS

This form is to be completed and sent to the nearest ITF Area Office. In addition, a duplicate copy of what was sent should be forwarded to the SIWES Coordinator’s Office, University of Abuja, Abuja.

Stamp and Signature of Employer:.....

Date:.....

SIWES OFFICE, UNIVERSITY OF ABUJA, ABUJA