IMO STATE UNIVERSITY, OWERRI

COMPUTER SCIENCE SIWES TRAINING REGISTRATION FORM

Full Name: _____

      SURNAME   OTHER NAMES (BLOCK LETTERS)

Matric Number: _____

Department: _____

Phone Number:_____Email Address:_____

Home Address: _____

_____

SIWES Start Date:_____ Expected SIWES End Date:_____

Coordinator Name:_____

Coordinator Contact (Phone/Email):_____

Level of Study:

☐200 Level (3 months) COURSE CODE: **CSC 299**   ☐300 Level (3 months) COURSE CODE: **CSC 399**

S/N	Course	Duration	Program	Fee (₦)	✓ (tick choice)
1	Web Development	3 MONTHS	HTML/CSS/REACT/JAVASCRIPT/ GOLANG	75,000	
2	WEB DEV JUNIOR	3 Months	HTML/CSS/REACT/JAVASCRIPT	50,000	
3	UX/UI, Graphics for UX/UI	3 Months		50,000	
4	Data Analysis & Visualization (R, Tableau)	3 Months		50,000	

GUARDIAN: Contact Name:_____

………

Relationship:_____Phone Number: _____

Declaration:

I hereby declare that the information provided above is true and correct. I understand that participation in the SIWES training program requires compliance with all rules and regulations. Failure to comply with expected attendance requirements will attract failure and a repeat of the program.

Signature: _____   Date: ___ / ___ / _____

Accounts:

TRAINING FEE
IMSU COMPUTER SCIENCE SIWES
Account details:1100027462
IMSU MICROFINANCE:

FOR PIN: PAY DEPARTMENT SIWES COORDINATOR

SUBMIT THIS FORM BEFORE 16TH MARCH 2026