|  |  |  |
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|  |  |  |
| **logo 011** | logo 011 |
| **إدارة توظيف وتدريب الطلاب** | **Student Employment & Training Department** |

# **INTERNATIONAL TRAINING OPPORTUNITY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company info. | **Company name** |  | | | | |
| **Address P.O.Box** |  | | | | |
| **City** |  | **Zip code** |  | **Country** |  |
| **URL** |  | | | | |

***Please attach Company Profile & Detailed training Plan for the selected period***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Training Opportunity | **Duration** | **8 Weeks**  **(summer training)** | | **28 weeks**  **(Cooperative Program)** | | **16 weeks**  **(Internship program)** | |
| **Location / City** |  | | | | | |
| **Salary** |  | **Housing** |  | **Transportation** | |  |
| **Other Benefits** |  | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Info | **Name** |  | | | | | | | | | | |
| **Major** |  | **KFUPM ID** |  |  |  |  |  |  |  |  |  |

**To send the form and for more information**

**Student Employment and**

**Training Department**

**KFUPM P.O. Box 5028**

Fax

**+966 (13) 860-1456**

**فاكس**

**إدارة التدريب - عمادة شؤون الطلاب**

**جامعة الملك فهد للبترول والمعادن ص . ب 5028**

**Dhahran 31261**

**Saudi Arabia**

[**stutraining@kfupm.edu.sa**](mailto:stutraining@kfupm.edu.sa)

**المملكة العربية السعودية**

**الظهران 31261**

**لارسال النموذج**

**ولمزيد من**

**المعلومات**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mentor | **Name** |  | **Phone** |  |
| **Position** |  | **Fax** |  |
| **E-Mail** |  | **Mobile** |  |
| **Signature** |  | **Date** |  |

*Below this line for University use*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student**  **Performance** | **Cumulative GPA** |  | . |  |  | **Major GPA** |  | . |  |  | **Engl-101** |  | **Engl-102** |  | **Engl-214** |  |

 **I approved the training according to attached plan ** **Not approved ** **No plan prepared**



**Academic Department**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Chairman** |  | | | **Signature** |  |
| **and** |
| **Comments** |  | **Date** |  | **department** |
| **stamp** |

Submit this form after the chairman approval with a copy of (1) KFUPM ID, (2) Gov. ID card & (3) Passport