



## 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	<input type="radio"/> 8 Weeks (summer training)	<input type="radio"/> 28 weeks (Cooperative Program)	<input type="radio"/> 16 weeks (Internship program)
	Location / City			
	Salary	Housing	Transportation	
	Other Benefits			

Student Info	Name																		
	Major									KFUPM ID									

Mentor	Name			Phone	
	Position			Fax	
	E-Mail			Mobile	
	Signature			Date	

To send the form and for more information

Student Employment and Training Department  
KFUPM P.O. Box 5028  
Dhahran 31261 | Saudi Arabia

Fax +966 (13) 860-1456  
stutrainning@kfupm.edu.sa

إدارة التدريب - عمادة شؤون الطلاب  
جامعة الملك فهد للبترول والمعادن ص. ب 5028  
الظهران 31261 | المملكة العربية السعودية

لارسال النموذج وللمزيد من المعلومات

Below this line for University use

Student Performance	Cumulative GPA					Major GPA				Engl-101		Engl-102		Engl-214	
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Academic Department	<input type="radio"/> I approved the training according to attached plan <input type="radio"/> Not approved <input type="radio"/> No plan prepared			
	Chairman			Signature and department stamp
	Comments	Date		

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