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| --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  | **كلية العلوم**  **لجنــة التدريب**  **College of Sciences**  **Training Committee** | | | | |
| **Practical Training Plan Form**  **نموذج خطة التدريب الميداني** | | | |
| **Trainee's Information: معلومات المتدربة:** | | | |
| ID الرقم الجامعي :  Mobile الهاتف الجوال :  Signature التوقيع :  (ترفق السيرة الذاتية و السجل الأكاديمي الرسمي والشهادات مع الخطة ) | Name الاسم :  E-mail البريد  Track المسار : | | |
| **Institution Information: :معلومات المنشأة**  \* Filled by Institution يعبأ من قبل المنشأة \* | | | |
| Training Supervisor : مشرف التدريب \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position الوظيفة :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Office No هاتف المكتب:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile الهاتف الجوال :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail البريد :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature التوقيع:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Institution المنشأة : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address العنوان :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department/Section القسم : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Institution's Seal ختم المنشأة : |
| **Summary of Training Plan:**  **ملخص خطة التدريب:**  \* Filled by Supervisor يعبأ من قبل المشرف \* | | | |
| * ……………………………………………………………………………………………………………………… * ……………………………………………………………………………………………………………………… * ……………………………………………………………………………………………………………………… * ……………………………………………………………………………………………………………………… * ……………………………………………………………………………………………………………………… * ……………………………………………………………………………………………………………………… * ……………………………………………………………………………………………………………………… * ……………………………………………………………………………………………………………………… * ……………………………………………………………………………………………………………………… * ……………………………………………………………………………………………………………………… * ……………………………………………………………………………………………………………………… * ……………………………………………………………………………………………………………………… * ……………………………………………………………………………………………………………………… * ……………………………………………………………………………………………………………………… * ……………………………………………………………………………………………………………………… | | | |
| **Expected Training Outcomes:**  **:النتائج المتوقعة للتدريب**  \* filled by Supervisor يعبأ من قبل المشرف \* | | | |
| * ……………………………………………………………………………………………………………………… * ……………………………………………………………………………………………………………………… * ……………………………………………………………………………………………………………………… * ……………………………………………………………………………………………………………………… * ……………………………………………………………………………………………………………………… | | | |
| **Training Period: فترة التدريب:**  \* Filled by Supervisor يعبأ من قبل المشرف \* | | | |
| Trainee's work hours ساعات عمل المتدربة :  From \_\_\_\_\_\_\_\_\_\_\_\_ am /pm  To \_\_\_\_\_\_\_\_\_\_\_\_ am /pm | | Starting Date تاريخ بدء التدريب : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Approval of Practical Training Committee: موافقة لجنة التدريب:**  \* Filled by Committee يعبأ من قبل اللجنة \* | | | |