|  |  |  |
| --- | --- | --- |
|

|  |  |
| --- | --- |
|  | **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 /pmTo \_\_\_\_\_\_\_\_\_\_\_\_ am /pm | Starting Date تاريخ بدء التدريب : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Approval of Practical Training Committee: موافقة لجنة التدريب:** \* Filled by Committee يعبأ من قبل اللجنة \* |