



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"/> 8Weeks (summer training)	<input type="radio"/> 28 Weeks (Cooperative 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

Training Department-Students Affairs
KFUPM P.O. Box 5028
Dhahran 31261 | Saudi Arabia

Phone +966 (3) 860-7492 هاتف
Fax +966 (3) 860-1456 فاكس
stutraining@kfupm.edu.sa

إدارة التدريب - عمادة شؤون الطلاب
جامعة الملك فهد للبترول و المعادن ص.ب ٥٠٢٨
الظهران ٣١٢٦١ | 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