



**SUMMER TRAINING OPPORTUNITY**

**Information about the Training Company**

		( ) /
Name of Company (in English):		
Mailing Address:		
Phone:	:	<b>Training Supervisor:</b> :
Fax:	:	<b>Job Title:</b> :
E-mail:		

<b>Student Name:</b>	:
Major:	KFUPM ID:
Brief Training Description:	
<b>Company Stamp</b>	

**Trainee Benefits**

Other Benefits:	:	Salary per Month:	:
Will Housing Accommodation be provided for the trainee? Yes <input type="checkbox"/> No <input type="checkbox"/> :			

**Department Approval (at KFUPM)**

Department Stamp		
Name of Coordinator:	Signature:	Date:

**Please complete this form and send to:**

**Assistant Dean for Educational Affairs**  
 KFUPM – P.O. Box 5028  
 Dhahran 31261

5028 -  
 31261

Phone: (03) 860-3062 or 2956 :

**Fax: (03) 860-2619 :**

