**لجنــة التدريب الميداني**

**Practical Training Committee**



**قسم الرياضيات -كلية العلوم**

**Department of Mathematics -College Science**

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| **Practical Training Plan Form**  **نموذج خطة التدريب الميداني** | | | |
| **Trainee's Information: معلومات المتدربة:** | | | |
| ID الرقم الجامعي : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile الهاتف الجوال :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name الاسم : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail البريد :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature التوقيع :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (ترفق السيرة الذاتية و السجل الأكاديمي الرسمي والشهادات مع الخطة ) | | |
| **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 \* | | | |
| **Head -Committee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | Decision of the committee?  🞏 Approved  🞏 Rejected  🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Comments: ملاحظات:** | | | |
| Job vacant trainee availability ‎? هل يتوفر مكان شاغر لمتدربة أخرى  🞏 Yes, we can accept \_\_\_\_\_ trainees  نعم, ونقبل بعدد\_\_\_\_ متدربة إضافي  🞏 NO لا   * ……………………………………………………………………………………………………………………… * ……………………………………………………………………………………………………………………… | | | |