Issuing a Training Program Certificates Application

|  |  |
| --- | --- |
| **Center/ Organization Name** |  |
| **Training Program Title**  |  |
| **Program Starting Date** |  |
| **Program Ending Date** |  |
| **Program Training Hours** |  |
| **Certificate Language** | **Arabic □ English □** |

**Please Fill the Names of Trainees as in Passport in this Table**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Trainee Name** | **Nationality** | **Scientific Qualification** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |

Please send the filled form to: ctc@gju.edu.jo