

**SAHL Training Form**

* **Student Information**

|  |  |  |
| --- | --- | --- |
| 1. | Student name |  |
| 2. | Student ID | **:** |
| 3. | Field of study | **:** |
| 4. | Academic year **:** | **:** |
| 5. | Semester **:** | **r** |

* **Training Company (To be filled by the company):**



|  |  |  |
| --- | --- | --- |
|  | Name of the company | : |
|  | Training period : | From…………….……..To…… |
|  | Number of training days | : |
|  | Number of training hours | : |
|  | Field of training | : |
|  | …………………………………………………….………………………….…………………………………………  …………………………………………………………………………………..………………………………………  …………………………………………………………………………………..……………………………………… | |
|  | Commitment of student for training program, instructions, regulations and training time**:-** | |
|  | Behaviors of the student with the trainer and other workers:- | |

**Approved by/ Name & Stamp of the Name & Signature of Dean Assistant for Industrial Links** **Training Company Training Supervisor**



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