FM-ACD0801-04 (E) Rev.1

**Training Affairs Agency**

Based on the existing cooperation between the College of Applied Studies and Community Service at Imam Abdulrahman bin Faisal University and the various sectors to empower and localize young national cadres, and your effective role in training undergraduate students and qualifying them for the labor market to complete graduation requirements.

Therefore, we hope that your Excellency will accept the training of:

Student Name: ……………………….………………………………. Major: ……………………………………………

In your esteemed entity and notify us of the approval of this in accordance with the following controls:

1. The training meets the student's major requirements.

2. The training will be for (10) consecutive weeks.

3. The training will be started from Sunday / /

4. Determine official working hours for the trainee not less than six official working hours.

5. The commitment of training regulations as indicated in the training guide.

**Please accept the assurances of my highest consideration.**

Training Unit

Dr. Fahad Ali Alghamdi

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Training Entity Name:** | | | | |
| **:** **Entity Administrator Name** | **Signature:** | | | |
| **Contact Number:**    **Email:** | **Address of the training entity** | | | |
| **City** |  | **Neighborhood** |  |
| **Stamp of the Training Entity:** | **Approval of the Head of the Unit**  **Name:**  **Signature:** | | | |

Please fill in the table if you agree and resend this form to the email (astu@iau.edu.sa)

Not to change the training site at the entity or change the training entity except after obtaining the approval of the training unit in the college.