**Academics & Training Department**

**Placement /Internship Request Form**

|  |  |
| --- | --- |
| **Applicant:**  **Specialization (Major/Minor)** | |
| **National ID:** | **Contact Number:** |
| **Email:** | **Training Site:** **SQCCCRC** |
| **Department:** | **Category:**  ☐ Under-Grad Student Institute:  Post-Grad Student  ☐Employee Organization:  ☐None of above, Specify: |
| **Duration:** |  |

|  |  |
| --- | --- |
| **Goals /objectives of the requested training** | **Expected outcomes** |

\*For HOD use (SQCCCRC)

|  |  |
| --- | --- |
| **HOD Name:** | **HOD Email:** |
| **Start Date:** | **End Date:** |
| **Training Program Details:** | |
| **Training supervisor:**  **Supervisor Email:**  **Contact number:** | |
| \*For Training Representative Use:  **Name:**  **Comments:** | |
| **Application:** ☐ Accepted ☐Rejected  \*If rejected, explain: | |

\***Note:**

1. soft copies of Civil ID Card and CV MUST be submitted

2. Copy of immunization record