**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