FORM (4)

Cooperative Training: Joining Notification

Student's Name: .....

University ID: .....

Specialization: .....

Mobile Number: .....

E-mail: .....

Student Signature: .....

Company: .....

Start Date of the Training: ...../……/……

Company Address: ……...

Field Supervisor Name: .....

Position: ……..... ...

Phone: ..... Fax: .....

E-mail: .....

Field Supervisor Signature: .....

Company Stamp:

Please do not allow the student to continue training if he is absent for five days or more.

Student must submit this form to the Department Training Committee during the first week of training.