**Coop Student Work Plan – S3**

**خطة التدريب**

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| Major(التخصص) | ID#(رقم الجامعي) | Student Name (اسم الطالب\ة) |
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| Training Program Location(موقع الجهة) | | Training Organization (اسم الجهة) |
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| **#** | **Work Description** | | **Department** | | **Start Date** | **Duration** | **Training Supervisor** | | | **e-mail** | **Phone** | |
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| **Academic Advisor Signature:** | |  | | **Trainee Signature:** | | | |  | **Head of Training Department Signature:** | | |  |