

#### Form EP 2

## **Engineering Practice Registration**

المملكة العربية السعودية وزارة التعليم العالي جامعة المجمعة كلية الهندسة

Kingdom of Saudi Arabia Ministry of Higher Education Majmaah University College of Engineering 

 Student's Information (to be filled by the Engineering Practice Coordinator)

 Student's Name:
 Student ID:

 Major:
 Cumulative GPA:

 Credits Earned:
 Credits this Semester:
 Total Credits:

 Nationality:
 Phone:
 E-Mail:

 Student Signature:
 Date:

Unit of Student Training, Professional Development, and Life Long Learning

# **Engineering Practice Course**

Phone:++966164042570 Fax: ++966164313370 Email: ce@mu.edu.sa Website: mu.edu.sa

Majmaah University College of Engineering Box 66 Majmaah 11952 Kingdom of Saudi Arabia

### With my signature, I understand that:

- 1. The above provided information is correct.
- 2. The training position cannot be changed unless a formal request has been submitted and approved by EPU.

### **Available Training Positions**

	Position
1)	
2)	
3)	

**Approved Position** (to be decided by the Department Engineering Practice Coordinator)

Position:

Coordinator, Department Engineering Practice (name and signature)