

المملكة العربية السعودية وزارة التعليم العالي جامعة المجمعة كلية الهندسة

Kingdom of Saudi Arabia

Ministry of Higher Education Majmaah University College of Engineering

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

# Engineering Practice Course

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## Form EP 2

### **Engineering Practice Registration**

Student's Information	on (to be filled by th	e 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:	
-			

#### 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	
)	
2)	

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

Position:

Coordinator, Department Engineering Practice (name and signature)