



TRAINING APPLICATION FORM

(To be filled by students and returned to the Industrial Liaison Office via email to internships@mcbs.edu.om)

Student Name: **Student ID:**
Total No. of Credit Hours Including Current Semester: **GPA:**
Nationality:
Major: Associate Bachelor
Contact Number:
MCBS Email ID: **Personal Email ID:**
Proposed Starting Date: **Duration of Training:**

ORGANIZATION DETAILS

Name of the Organization:
Focal Point:
Designation:
Contact Tel. No. 1: **Contact Tel. No. 2:**
Email:

DECLARATION

By signing the form I hereby declare that I will conduct myself according to the rules and regulations of the hosting organization.

Student Signature: **Date:**

ILO DETAILS

Date Received:
Date Processed:
Signature: