

جامعة الفيصل Alfaisal University

COB INTERNSHIP – FORM A

STATEMENT OF OBJECTIVES

This statement of objectives is to be completed by the student intern and the student's supervisor for the planned internship. Each party is to sign this form and the student is to return it to COB Internship Program Manager.

Student Intern's Name:	Semester/Year
Emphasis or Career Objective	
Supervisor's name:Ph	one:
Organization's Name:	
Organization's Address:	

LEARNING OBJECTIVE 1 is:

The Specific activities that the intern will undertake to accomplish this objective are:

1-

2-

3-

LEARNING OBJECTIVE 2 is:



The Specific activities that the intern will undertake to accomplish this objective are:

1-

2-

3-

LEARNING OBJECTIVE 3 is:

The Specific activities that the intern will undertake to accomplish this objective are:

1-

2-

3-

If additional objectives are used, please outline them below or attach an additional page.

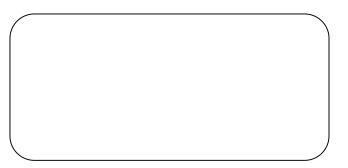
I agree that the objectives stated herein are reasonable;	I agree that the learning objectives stated
And I will attempt to accomplish them to the best of my	above are realistic and will provide training
Ability through the activities suggested above.	and assistance to the intern as needed.



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STUDENT SIGNATURE

SUPERVISOR SIGNATURE



Company Official Seal (This document is considered void without the official stamp)