



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: -----Phone: -----

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:



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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;
And I will attempt to accomplish them to the best of my
Ability through the activities suggested above.

I agree that the learning objectives stated
above are realistic and will provide training
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)