

المملكة العربية السعودية وزارة التعليم جامعة الأمير سطام بن عبد العزيز كلية العلوم والدراسات الإنسانية

Field Training Guide

2022/2023



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(Form1)

Important Instructions

- 1. Field Training Committees in academic departments are responsible for communicating with institutions, companies and factories to find training opportunities for students who are eligible for summer training.
- 2. A student can arrange with a specific training institution, provided the prior approval of the Field Training Committee in the concerned department.
- 3. In the event that the Field Training Committee in the department is unable to find a training opportunity for the student, the Training Unit in the college undertakes the responsibility of searching for suitable training opportunities.
- 4. It is necessary that student should be free during the summer training, and in case he/she registers for courses in the summer semester, registration will be annulled.

Summer Training Assessment

The student's summer training is evaluated according to a number of evaluation elements shown in the table below

1. Assessment Elements	Percentage
2. Performance appraisal report from the training institution	%30
3. Training file submitted by the student	%15
4. The academic supervisor's assessment of student	%30
5. Attendance	%10
6. Assessment of student's performance after training by the Field Training Committee	%15
Total	%100



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Requirements for Passing the Summer Training

- 1. A student must obtain a minimum of 60% of the final grade to pass the summer training.
- 2. Training is considered canceled if a student's absence exceeds four unexcused absences.

Note: For students enrolled in the program, the approved training hours are two credit hours. The student does the summer training, then registers this course in the semester following the summer vacation, and his/her grade is assigned at the end of the semester based on performance at the end of the training period.



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(Form 2)

Application for Field Training

Student Information				
Name:		A	cademic ID:	
Major:	GPA:	ľ	Number of Credit	Hours:
Number of Study Units:	Mobile:	I	E-mail:	
Nationality	Date:	S	Signature:	
	Eligibility for Su	ımmer Tr	aining	
• The student is currently enrolled in the college.				
• The student has successfully completed 95 hours or more (including the current semester).				
• The student has completed all the previous requirements specified by the department.				
For Official Use Only – Approval of Summer Training Committee				
Agree Disagree				
Coordinator:		Signatur	e:	Date:
Official Stamp: Da		Date:		



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(Form 3)

Acknowledgement and Undertaking

I, the undersigned,, acknowledge that there is no kinship or
relation between me with any of the officials of an authority/institution/company/factory, and that I am committed
to attending throughout training period and submission of all reports required by the department. In the event that
otherwise is proven, it is considered null and void
Signature:
Date:



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(Form 4)

Training Commencement

Name:	ID:
Company/Institution:	Major:
Starting Date:	Location
Supervisor:	
Position:	Phone:

- I, the undersigned, agree to strictly abide to the following obligations:
 - 1. I must report to my assigned job no later than the date indicated above.
 - 2. I have no academic dismissal.
 - 3. I must spend a minimum of 7 weeks in the above assigned job, and shall not change the place of work unless I get the permission of both the employer and the University.
 - 4. I must observe the laws and regulations of the training organization and I shall not leave my work place without the employer's permission.
 - 5. I must send the Training Letter & contact guide to practical Training Unit at CBAK within the first week of the start of my training.
 - 6. It is my responsibility to make sure that the supervisor sends the evaluation form to Practical Unit at the end of my training.



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/.	I must submit a draft copy of my Summer
	Training Report to my academic advisor early in the beginning of the semester following the training
	and a final copy before the deadline indicated by my academic advisor.

Da	te	Signature:
	grad, with requires repetition of the whole training.	
8.	Any delay in submitting the final copy of my Practical	Training Report will result in an "F"



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(Form 5)

A Weekly Report of the Trainee

(To be filled out by the trainee)

C	Name.	University ID	
C	Major	Training institution	
C	Training Period: From	То	
C	Week:	Number of training hours	
1.	Tasks assigned:		
2.	Acquired skills:		
3.	Relevance of courses taught to actual field to	craining	
1 .	Difficulties encountered		
5.	Extent of the institution's cooperation		
5.	. Skills that should be introduced to improve performance:		
7.	What caught your interest this week?		



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(Form 6) This form is to be filled out by the academic supervisor in each field visit

Student's name	
University ID	
Training Institution	
Day	
Date	
1. Punctuality: The stud	ent is present during the visit () yes, () no.
2. Comments of the sup	ervisor at the institution offering training:
3. Comments of the acad	demic supervisor:
Supervisor	Academic Supervisor
Cianatura and Ctarra	Si an atuus
Signature and Stamp	Signature
	Dean of the College

Signature



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(Form 7)

General Information about Student's Field Training

(This report is to be filled out by the institution offering training at the end of the field training)

First:

Departments in which the student received training	Duration of Training
1.	
2.	
3.	
4.	

Second	d: proposals to improve the training program for the student
1.	
2.	
3.	
4.	
Third:	The skills necessary for the student to succeed in the training program
1.	
2.	
3.	
4.	

Fourth: Are there any of the college graduates working in the company/institution/factory? Yes () No ()

Fifth: What is the extent of the desire to appoint those who received training at your institution?

Name of Student:

Training Institution:

Address of Institution:

Prepared by



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Stamp

Form 8 Assessment of the Trainee's Performance during the Field Training

This report shall be filled out by the training body at the end of the training period

Academic ID:

Phone:

Field o	of Training:	Peri	od of Tra	ining: Fro	m:	To:
Please e	Please evaluate the student performance to the following elements:					
No.	Evaluation Elements	Poor	Fair	Good	V. Good	Excellent
1	Attendance					
2	Fulfilling Required					
	Works					
3	Cooperation with					
	Colleagues					
4	Punctuality					
5	Quality of word					
6	Dependability					
7	Initiative					
8	General Appearance					
9	Ability to judge					
10	Enthusiasm					

Note: Please hand this report to the student in a closed (confidential) envelope at the end of the training period.



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(Form 9)

Attendance Sheet

Name of Student	Academic ID:	
Training Institution:	Phone No.:	

No.	Date	Signature	No.	Date	Signature
1.			19		
2.			20		
3.			21		
4.			22		
5.			23		
6.			24		
7.			25		
8.			26		
9.			27		
10.			28		
11.			29		
12.			30		
13.			31		
14.			32		
15.			33		
16.			34		
17.			35		
18.			36		

Supervisor

Academic Supervisor

Signature

Signature



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(Form) 10

Withdrawal form Summer Training

Student Information									
Name:			Academic ID:						
Major: GPA:			Number of Credit Hours:						
Number of Study Units: Mobile:			E-mail:						
Nationality Date:			Signature:						
Withdrawal from Summer Training									
•A copy of a medical or a compelling excuse acceptable to the Dean of College must be attached.									
Field Training Coordinator:	Signature		Date:						
For Official Use Only – Approval of Summer Training Unit									
Agree	Disag	Disagree							
Comments:									
Official Stamp:	Date:	Date:							