**Training Application Form**

**Guidelines:**

1. Complete the ENTIRE form and send a **signed copy** to the Human Resources Office: Admin. Bldg - Room P061. Ext. 2413 - [stafftrain@aucegypt.edu](mailto:stafftrain@aucegypt.edu)
2. Registration is based on first-come, first-served.
3. Applying for the workshops does not guarantee your attendance until receiving a confirmation from the Office of Human Resources, based on completing all data below:
4. A confirmation email must be sent to the office of Human resources before the workshop day to confirm your attendance.

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| --- | --- | --- |
| List 2-3 **Objectives** that this workshop will help you achieve for this academic year? | | |
| 1. | 2. | 3. |
| List 2-3 alternatives to training that may help your personal and professional **self development**. | | |
| 1. | 2. | 3. |

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| --- | --- | --- | --- | --- | --- |
| Workshop Title: |  | Date (s): | |  | |
| Participant Name: |  | AUC ID: | |  | |
| Job Title: |  | Dept: | |  | |
| E-mail: |  | | Building  Room no. | |  |
| Office Extension: |  | Mobile: | |  | |

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| --- | --- | --- | --- |
| Supervisor Approval:  (manual signature is requested) |  | | |
| E-mail: |  | | |
| Office Extension: |  | Mobile: |  |
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