**Training Application Form**

**Guidelines:**

1. Complete the ENTIRE form and send a **signed copy** to the Human Resources Office: Admin. Bldg - Room P026. 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:

|  |  |  |
| --- | --- | --- |
| 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. |

|  |  |  |  |
| --- | --- | --- | --- |
| Workshop Title: |  | Date (s): |  |
| Participant Name: |  | AUC ID: |  |
| Job Title: |  | Dept: |  |
| E-mail: |  | | |
| Office Extension: |  | Mobile: |  |

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