



**Arab Academy for Science and Technology  
and Maritime Transport**

**Students' Statement who fulfilled the Practical Training  
Requirements and their Distribution to the Training Organization**

College : .....

No.	Registration Number	Students' Name	Training Organization	Duration of Training From ----- to.....
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Signature.....

*Vice Dean of Training Affairs and Community Service*