Kingdom of Saudi Arabia

Ministry of Education

King Faisal University

Vice-presidency for postgraduate studies and scientific research

Institute of Research and Consultancy



	L	J		
Report Period:	From:	То:		
	Perso	onal Information of Report Provider		
Name:		Scientific degree:		
Phone:		Email:		
College:	!	Department-Speciality:		
Described de	Oracultation	Charles Tradicion Courses		
Service Provided:	Consultation	Study Training Course		
Title of the Provided S	ervice:			
The beneficiary:				
Service Provider:				
Project Number/Sharel	k Number:			
Contract Starting Date:	:			
Contract Ending Date:				
	Summary o	of Consultation/Study/Training Course		



Results achieved by C	Results achieved by Consultation/Study/Training Course			
Kindly provide detailed information on the final results of the	consultation/study/training course			
	traints (if any)			
*Please highlight problems (if any) that have led to a deviation the service provider in the contract.	n from the technical workflow of the service/Tasks assigned to			
the service provider in the contract.				
Recomm	mendations			
Date of report preparation: / / 20	Signature of report provider:			
Tate of report preparation. 20	Signature of report provider.			
	Signature of Direct Manager:			
	digitation of birest manager.			