## **Course Training Agreement Form**

**Course Details** 

•	Course Title:				
	Institution/Organization:				
•	Course Duration:				
•	Course Fee:				
Participant Information					
•	Full Name:				
Contact Number:					
•	Email:				

## Learning Objectives

- Understand key concepts in \_\_\_\_\_\_
- Develop practical skills in \_\_\_\_\_\_
- Complete the project on \_\_\_\_\_\_

## **Payment Terms**

Payment Type	Amount (\$)	Due Date	Status (Paid/Unpaid)
Registration Fee			
Module 1 Payment			
Final Payment			

## **Agreement Declaration**

I agree to complete the course requirements, submit assignments on time, and participate in all training sessions.

Checkbox

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_