

Student Training Agreement Form

Student Details

- Full Name: _____
- Student ID: _____
- Course: _____
- Institution: _____
- Contact Email: _____

Training Program Overview

Module Name	Duration (Hours)	Completion Date	Trainer Name

Training Objectives

- Gain practical experience in

- Improve skills in

- Achieve certification in

Student Declaration

I agree to attend all training sessions and complete all assigned tasks. I understand that failure to do so may result in termination from the training program.

Checkbox

- I confirm my commitment to the training program.
- I agree to adhere to the institution's policies.

Signature: _____

Date: _____