**TRAINING NOMINATION FORM**

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| **Course Title** |  |
| **Date of Conduct** |  |
| **Venue/Platform** |  |
|  **WE ARE NOMINATING THE FOLLOWING TO THE ABOVE-NAMED COURSE:** |
| **COMPLETE NAME** | **POSITION** | **EMAIL ADDRESS** | **SIGNATURE** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |
| 9. |  |  |  |  |
| 10. |  |  |  |  |

*\* Add rows if necessary*

Reason for Nomination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature over Printed Name

Dean/Director/Chairperson/Unit Head