**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