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| **تقرير عن تدريب تحسين المستوى**  **- فئة الموظفين -** |

**هام**: يجب إرجاع هذا التقرير إلى مصلحة العلاقات الخارجية خلال مدة أقصاها 15 يوما من تاريخ إنهاء التربص.

**المستفيد من التدريب:**

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| **الاسـم:**................................................................................................................................................................................................................ |
| **اللقب:**......................................................... ....................................................................................................................................................... |
| **الـرتبة:**............................................................................................................................................................................................................... |
| **المعهد:**......................................................................................................................................................................... |

**مكان إجراء تدريب تحسين المستوى:**

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| **المؤسسة:**..................................................................................................................................................................................................... | | | |
| **الدولة:**........................................................................................................................................................................................................... | | | |
| **المدة:** ....................................**يوما** | **من:** .......................................................... | **إلى**:................................................................. |
| **الأهداف:**........................................................................................................................................................................................................  .......................................................................................................................................................................................................................  ....................................................................................................................................................................................................................... | | | |

**تقديم مؤسسة الاستقبال:**

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**سير تدريب تحسين المستوى**

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**الزيارات العامية واللقاءات**

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**النتائج المتحصل عليها خلال تدريب تحسين المستوى والتعليق عليها.**

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| **توقيع المسؤول عن تدريب تحسين المستوى**  (مع تحديد تاريخ التوقيع) | **توقيع المستفيد من تدريب تحسين المستوى**  (مع تحديد تاريخ التوقيع) |