

**Program of “Connecting the Engineering Graduation Projects with the Industrial Sector”**

**Form for Inquiry about Graduation Project**

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| **Supervising Professor Name** |  | **Mobile** |  |
| **Email** |  |
| **University Name** |  |
| **Specialization** |  |
| **No.** | **Student’s Name** | **Mobile** | **Email** |
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| **Inquiry about Graduation Project** |
| **Field of graduation project** | **Company/ Factory Name** |
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|  |  |
| **Date of Application** |  |
| **Signature of Supervising Professor** |  |

This form shall be completed and sent to the Amman Chamber of Industry – Fax No.: 4647852 or by email: razan@aci.org.jo