	GalaxyAeros maintenance, repair, ov	Course and Training Record			
Course Title	:	Date	:	Exam date	:
Course Duration	:	Venue	:	Phase	:

No	Name	Position	Staff No.	RESULT			•	
	Traine	Fosition		Pass	Re-exam	Re-course	Sign	Remarks
1								
2								
3								
4								
5								
6								
7				2				
8								

<u>Instructor</u>			Quality Assu	urance Department
Signature	:		Signature	:
Name	:		Name	:
Date	:		Date	: