



CONTACT GUIDE

This form should be sent within the first week of training.

Information Provided by Student		
Student Name:	Student ID:	
Home Phone:	Mobile:	Major:
Name of Training Company:		
Activities:		
Division/Department:	Work Hours:	

Information Provided by Training Supervisor	
Supervisor Name:	Phone:
Position:	Fax:
Mailing Address:	E-mail:
	Starting Date of Training:

Please complete this form and send it to:

Vocational Training Coordinator

KFUPM
PO Box 5084
Dhahran 31261

Phone: (03) 868-3300 ext. 885
Fax: (03) 868-0744
Email: jalal@dcc.kfupm.edu.sa