



## 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 887  
Fax: (03) 868-0744  
Email: [samaziz@dcc.kfupm.edu.sa](mailto:samaziz@dcc.kfupm.edu.sa)