



## STUDENT SUMMER INTERNSHIP

### COMPANY PARTICIPATION FORM

<b>Company Name:</b>	
<b>Address:</b>	
<b>Contact Person:</b>	
<b>Job Title:</b>	
<b>Telephone:</b>	
<b>Fax:</b>	
<b>Mobile:</b>	
<b>E-mail:</b>	

MAJOR	NUMBER OF STUDENTS REQUIRED BY COMPANY	LOCATION
ACCOUNTING		
COMPUTER APPL.		
MARKETING		

<b>Signature:</b>	<b>Company Stamp:</b>
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Please complete this form and send to:

**Vocational Training Coordinator**

KFUPM

P.O. 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)