



## CONTACT GUIDE

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

Information Provided by Student	
KFUPM I.D.	Student Name:
Home Phone: Work Phone:	Major:
Name of Training Company: _____ :	

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

Please complete this form and send to: _____ :	
<b>SUMMER TRAINING DEPARTMENT</b>	
KFUPM – P.O. Box 5028	
Dhahran 31261	
Phone: (03) 860-3062 or 2956 :	
Fax: <b>(03) 860-2619</b> :	