



Property Request Form for KSAU-HS Interns

Student Name		Student No	
College Name		Campus	
Program Name			
Responsible Department			
Training Duration:	Start Date:	____/____/____	End Date: ____/____/____

Student requested the following items:

- Pager key Access Card Car Sticker
- Library: _____ Others: _____

Student Signature		Date	____/____/____
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For College Official Use

College's Internship Unit			
Approved by		Position	
Signature		Date:	____/____/____