



Property Return Form for KSAU-HS Graduated Students

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

Student Returned 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:	____/____/____