



STUDENT SUMMER INTERNSHIP

COMPANY PARTICIPATION FORM

Company Name:	
Address:	
Contact Person:	
Job Title:	
Telephone:	
Fax:	
Mobile:	
E-mail:	

MAJOR	STUDENT NAME	LOCATION
ACCOUNTING		
COMPUTER APPL.		
MARKETING		

Signature:	Company Stamp:
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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. 885

Fax: (03) 868-0744

Email: jalal@dcc.kfupm.edu.sa