**Student Mobile/other Devices Reception Report**

**STUDENT PERSONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **FULL NAME** |  | **NATIONAL ID** |  |
| **COLLEGE** |  | **DEPARTMENT** |  |
| **UNIVERSITY ID** |  | **MOBILE PHONE NUMBER** |  |

**Reception date: / / 143 H Reception Time:**………………………

**Type of the received device**:………………………………………………………………………………..

**Reception causes**:………………………………………………………………………………………………

Student Name:…………………………………………………….Student Signature testifying the Shutting down of the mobile phone or device(…………………………………………): …………………………………………

**Receiver's Name:**…………………………………………….**Designation**:…………………………………..**Signature**:……………………………………………..

* The Student shall have a copy of this report.