

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.