



COLLEGE OF NURSING-RIYADH LIBRARY
REGISTRATION FORM
STUDENT

LC NO. _____

NAME: _____ SIGNATURE: _____

BADGE NUMBER _____

STUDENT NUMBER _____

MOBILE NUMBER _____

E-MAIL (KSAU-HS) _____

OTHER E-MAIL ADDRESS _____

NURSING STUDENT? : YES NO (Put a check mark)

IF YES WHAT LEVEL : _____

FOR COSHP STUDENT

PLEASE WRITE THE COURSE : PRE _____ LEVEL: _____

PLEASE INDICATE CLASS SCHEDULE FOR COSHP & NURSING STUDENT:

FOR : MONDAY & WEDNESDAY :

TIME: _____ COURSE: _____

CLASSROOM & BUILDING: _____

FOR : TUESDAY, THURSDAY & SATURDAY :

TIME: _____ COURSE: _____

CLASSROOM & BUILDING: _____

NOTE:

1. We will not issue Library Card for application with incomplete data.
2. Claim Library card personally.
3. To claim the Library Card, the student should present their
 - a. Badge
 - b. Schedule
4. Print this form and present to the Library Staff at the counter.

RECEIVED BY: _____ DATE : _____

LIBRARY STAFF

