



STUDENT AFFAIRS DIVISION

CHECK-OUT FORM  
RESIDENTIAL COLLEGE

RESIDENTIAL COLLEGE : \_\_\_\_\_

PART A : STUDENTS INFORMATION

<b>FULL NAME</b>					
<b>MATRIC NO. (OLD)</b>			<b>MATRIC NO. (NEW)</b>		
<b>FACULTY</b>			<b>YEAR / SEMESTER</b>		
<b>GENDER</b>			<b>PHONE NO.</b>		
<b>CHECK-OUT DATE</b>		<b>CHECK-OUT TIME</b>		<b>ROOM NO.</b>	

PART B : OTHERS INFORMATION

NO.	MAIN ITEMS	DETAILS	PLEASE TICK AT THE RELEVANT BOX
1	Key Return Method	Return to staff at Residential College Office Counter.	
		Return to Fellow on Duty.	
2	Student Goods/Equipment in Room	Goods/Equipment must be removed and the room must be cleaned thoroughly.	
		Goods/Equipment are left behind in the room.	

PART C : ADDITIONAL INFORMATION

Verified by :

-----  
 Name :  
 Date :

-----  
 Master of Residential College