



STUDENT AFFAIRS DIVISION

**CHECK-OUT FORM
RESIDENTIAL COLLEGE**

RESIDENTIAL COLLEGE : _____

PART A : STUDENTS INFORMATION

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

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

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Verified by :

Name :
Date :

Master of Residential College