

The Librarian, COAMS (), KSAU-HS, Riyadh NCAAA 6.3.1

I would request for library orientation

1. Instructor Name
2. Department / Program Name.....Ext: No.....
3. Number of Students / Audience Preferred Date.....
4. Preferred Time..... To

As per your requirement please tick:

- | | |
|-----------------------------|--------------------------|
| A: Brief tour of library | <input type="checkbox"/> |
| B: Collection Catalog | <input type="checkbox"/> |
| C: Databases to do research | <input type="checkbox"/> |
| D: Internet Resources | <input type="checkbox"/> |
| E: Plagiarism Software | <input type="checkbox"/> |
| F: Any special topic. | <input type="checkbox"/> |

Please write.....

Approved by Chairman / Director Program.....

Signature & Badge No.....

Date.....