



SPECTRUM EDUCATION GROUP

13-G JALAN OP ½ ONE PUCHONG BUSINESS PARK
 47160 PUCHONG SELANGOR D.E
 TEL: +603-80750912 FAKS: +603-80758912
 Email: info@spectrum.edu.my/skills.spectrum.edu.my



REQUEST FOR ACCOMMODATION UNIT

STUDENT NAME : _____

NRIC : _____ MATRIC NO : _____

PROGRAMME : SKM / CIDB _____
 DIPLOMA _____
 BACHELOR DEGREE _____

ADDRESS : _____

POSTAL CODE _____ CITY _____ STATE _____

PHONE NO : (H) _____ (M) _____

REASON FOR AN ACCOMMODATION

STUDENT SIGNATURE

DATE: _____

TO BE FILLED BY HOSTEL DEPARTMENT

HOSTEL UNIT	<input type="checkbox"/>	RHYTHM AVENUE	_____
	<input type="checkbox"/>	MAIN PLACE	_____
	<input type="checkbox"/>	FAIRVILLE	_____
	<input type="checkbox"/>	MAINPLACE	_____
	<input type="checkbox"/>	SUTRAMAS	_____
ROOM	<input type="checkbox"/>	ROOM 1	<input type="checkbox"/> ROOM 2 <input type="checkbox"/> ROOM 3
HOSTEL KEY(S)	<input type="checkbox"/>	PADLOCK KEY	<input type="checkbox"/> MAIN DOOR KEY <input type="checkbox"/> LOCKER KEY
	<input type="checkbox"/>	GRILL KEY	<input type="checkbox"/> ROOM KEY <input type="checkbox"/> ACCESS CARD _____

OFFICER IN-CHARGE

NAME: _____

DATE: _____