Curtin University
Dubai

TRANSPORT REQUEST FORM

Date:

Name:

Student ID:

Mobile:

Email:

Emergency Contact:

Transportation Requirement **One Way** ☐ **Two Way** ☐

TIME	MON	TUE	WED	THU	FRI	ADDITIONAL INFORMATION
PICK UP						
8:00 AM						
12:00 PM					X	
DROP OFF						
1:40 PM					X	
12:00 PM	X	X	X	X		
5:10 PM					X	

Pick up and drop off location (Please specify exact address and with any nearby landmark)

I confirm that I have read and accept the University Transportation Policy.

Signature of Student

Signature of Parent/Legal Guardian