



APPENDIX X

LEAVE REQUEST APPLICATION

Interns Name:			
University Number:			
Training Center			
Mobile No.:			
			1
Number of leave days			
Start Date			
End Date			
Reason:		**please attach supporting documents	
Emergency			
**Interview			
**Examination			
Conference/Workshop			
Others			
Signature			
Sent by email			
Date of email			
Remaining Leave Credits*		*to be filled up by interns secretary	
APPRO	VFD	Interns' Director:	
711110	·	meens breaten	Name:
NOT API	PROVED		Signature:
14017411		Reason:	Date:
APPROVED		Director	r of Clinics:
			Name:
NOT API	PROVED		Signature:
		Reason:	Date:

FIELD EXPERIENCE TRAINING

BACHELOR OF DENTAL MEDICINE & SURGERY

TAIF UNIVERSITY