

Student Clearance

Name	School Year	ID. #
	<input type="checkbox"/> Post Grad <input type="checkbox"/> Board	
Reason for Clearance	Date Process	Last working day

Department / Area	Area In-charged		Department Head	
	Name	Signature	Name	Signature
Phantom Lab				
Prosthetic Lab				
Ground Level Clinics- (Bldg. 11)				
1 st level (Female Clinics) –(Bldg. 11)				
2 nd level (Male Clinics) – (Bldg. 11)				
2 nd level (female clinics) – (Bldg. 12)				
General Dental Practitioner - (Bldg.11-Ground flr.)				
Ortho Dept. Bldg. 11				
Resto Dept. Bldg. 11				
Perio Dept. Bldg. 11				
Prostho Dept. Bldg. 11				
Surgery Dept. Bldg. 10				
Endo Dept. Bldg. 11				
Pedo Dept. Bldg. 11				
Central sterilization Unit (CSU)				
CSSD 1				
CSSD 2				
CSSD 3				
CSSD 4				
CSSD GP				
IPAC				
Radiology Main Department(Ground Floor Bldg.11)				
Radiology Student Area South Wing (1 st Floor, Bldg.11)				
Radiology Student Area (1 st Floor , Bldg. 11)				
Radiology Student Area (2 nd Floor, Bldg. 11)				
Radiology Student Area (2 nd Floor, Bldg. 12)				
Radiology Student Area (Bldg. 10)				

Library				
R4 System				
Store				
Supporting Services / Security Dept. (Locker's Key, etc.)				
Internship Office / Head of Department				
Patient Relation Office (Ground Floor Bldg. 11)				

Director of Administration

Mr. Mohammad Alghamdi

Date

Vice Dean of Post Graduate Studies

Dr. Rayyan A. Kayal

Date

Vice Dean, Director of KAUDH

Date