

King Saud bin Abdul-Aziz University
For Health Sciences.
College of Medicine, Jeddah
Clinical Affairs.
Medical Internship Unit.



جامعة الملك سعود بن عبد العزيز للعلوم الصحية.
كلية الطب بجدة.
الشؤون السريرية.
وحدة تدريب أطباء الأمتياز.

REQUEST FORM (ROTATION/ ELECTIVE) (Outside KAMC/MNGHA JEDDAH)

Name: Badge:

I would like to acquire my: Rotation: Elective:

Hospital Name: City:

Duration: 1--Month 2--Months From: / /20 To: / /20

Signature: Date:

Note: *Once approved, changes or cancellation cannot be accommodated. Otherwise, a letter or email of cancellation from the hospital is required. Notification to MIU is a must 2 months before the scheduled rotation.*

For Medical Internship Unit only

Approved By:

Dr. Hashem Almarzouki
Associate Dean, Clinical Affairs

Signature:

Date / /20