



SUMMER TRAINING APPLICATION FORM

College of Dentistry

Admin Assts. ☐ 4299999 x 95763/95817 Fax ☐ 8011111 x 14010 Mail Code ☐ 1243 E-mail ☐ cod_cln@ksau-hs.edu.sa P.O. Box ☐ 22490, Riyadh 11426

Personal Information: (Type information as it appears on your passport)

| | | |
|---------------------|-------------|---|
| Family/Last Name | | |
| First Given Name | | |
| Middle Name | | |
| Date of Birth Month | Contact No. | Gender |
| / / | | <input type="checkbox"/> Male <input type="checkbox"/> Female |

Email Address

Dental School Information

| | |
|-------------|--|
| University | |
| City | |
| Nationality | |
| Year Level | |
| I.D number | |

Preferred Date for Summer Training

First Period (Calendar form)

Second Period (Calendar form)

Applicants to the Summer Training Program are required to submit the following documents:

1. A **personal statement essay** indicating your interest in joining this program. You want the Committee to get to know you and your interests in Summer Training.
2. 2 **Recommendation letters** from a Faculty member. You can always email this separately if you do not have it at this time to complete this application.

NOTE:

- Notification will be send to your email once accepted.
- Maximum of four (4) weeks of training



SUMMER TRAINING PLEDGE
College of Dentistry
Dental Internship Training Program

Admin Assts. ☐ 4299999 x 95763/95817 Fax ☐ 8011111 x 14010 Mail Code ☐ 1243 E-mail ☐ cod_cln@ksau-hs.edu.sa P.O. Box ☐ 22490, Riyadh 11426

I, _____ National ID No. _____ a bonafide student
of _____ hereby agree and understand to follow all the policies and procedure of the
College of Dentistry's Summer Training Program (KSAU-HS).

- Communicate regularly with my Summer Training advisor during and after the program period.
- Submit the daily evaluation report and other documents related to Summer Training requirement on time and according to the prescribed form and content.
- Read and understood the helpful tips for effective Summer Training program.
- Understand that trainees are ONLY allowed to observe but not to treat any patient.
- Complete daily evaluation form that Administrative Assistant secretary of the Summer Training program will provide, signed by the supervising dentist or teaching dentist at the end of each session.
- Commit to join the training party to start the summer training at the specific date.
- Commit to train for at least full four (4) week at the approved training party
- Commit to do all the tasks and duties requested by the training party.
- Exhibit good behavior and follows the work rules and regulations at the training party.
- Observe punctuality during the Summer Training. In case of absent due to illness or any other compelling excuse I must submit a written request or send email to inform the training party and the training supervisor at the faculty immediately.
- Commit to inform the training supervisor of the college of any problems he may face during the Summer Training period.

The purpose of this Summer Training is to learn about clinical aspects and to gain valuable insight and experience.

Signature: _____
(Trainee)

Approved by:

Date: _____

Dr. Abeer Al Subait
Program Director, Internship Unit
College of Dentistry, KSAU-HS

Note: This is for strict compliance.