

DEAN'S LIST ELIGIBILITY FORM

For the Academic Year (AY) _____

Student Name: _____ Student ID: _____

Year Level (during AY): _____ Gender: _____ Contact No: _____

SN	Criteria	YES	NO
1.	Is your GPA for the AY (out of 5.0): <ul style="list-style-type: none">• Equal to or higher than 4.5; or,• Equal to 4.25 (with published research for the AY)? If yes, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you received any type of warning letters or disciplinary action within the AY?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you met the average attendance of 90% and above for the AY?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you done any community service within the AY? If yes, Please Specify if any of the following: (a) No. of Community services: _____ (b) No. of Voluntary work within KSAU-HS Campus: _____	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you Engaged in any Research Activities within the AY? If yes, Please Specify if any of the following: (a) No. of Published articles: _____ (b) No. of Approved research Proposal by Research committee: _____ (c) No. of Oral/ Poster Presentation and/or Abstract Published / presented: _____	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you receive a recognized International / National Awards / Scientific Awards within the AY? If yes, Please Specify _____	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you ever had IC (<i>Incomplete</i>), below C (<i>Good</i>) grade, or taken <i>Re-sit Examination</i> during the AY?	<input type="checkbox"/>	<input type="checkbox"/>

Student Signature



Student should Sign and Submit this form with the following official supporting documents (as applicable and taken in consideration the below notes)

to the Dean's Office thru email address: cod@ksau-hs.edu.sa :

- Engagement in Research Activities
(e.g. Published Research; Approved Research by the Committee; Oral/Poster Presentation; etc.)
- Engagement in Official Community Services and Voluntary Work
- Receiving recognized International/National Awards or Scientific Awards

Note:

- 1) Points to be counted: the points obtained during AY or the summer period preceding the AY.
- 2) Research committee(s) within KSAU-HS / NGHA.
- 3) Oral Presentation will be counted for the Presenter ONLY.
- 4) Mandatory Community Services of the curriculum will NOT be counted.

I hereby certify that the above statements and the supporting documents are true and correct to the best of my knowledge. I understand that a false statement may disqualify me.

Student Signature

For Official Use by Dean's list Committee

Student is eligible and qualifies for the competition
Total No. of Points: _____

Student is **NOT** eligible and disqualifies for the competition
Reason(s) _____

Verified by

Name: _____
Position: _____
Signature: _____

Badge No.: _____
Date: ___/___/___

Recommended by Associate Dean, Academic Affairs

Name: _____

Badge No. : _____

Date: ___/___/___

Signature: _____

Approved by Dean, College of Dentistry

Name: _____

Badge No. : _____

Date: ___/___/___

Signature: _____