جــامعة الملك سعود بن عبدالعزيز للعلوم الصحية
King Saud bin Abdulaziz University for Health Sciences
Al Ahsa الأحساء • Jeddah جـــدة • Riyadh الريـاض

كليــة طـب الأسـنــان
College of Dentistry

APPLICATION FORM FOR NON COD INTERN
College of Dentistry

Admin Assts. ☐ 4299999 x 95763/95817 Fax ☐ 8011111 x 14010 Mail Code ☐ 3183 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
/ / /		☐ Male ☐ Female

Email Address	

Dental School Information	
University	
City	
Nationality	
Year Level	
I.D number	

Preferred Date for Rotation

☐ Starting Date (/   /   )

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

Requirements to be upload:

- Letter Request of Internship Acceptance from the undergraduate University or Institution, addressed to the Dean of COD KSAU-HS.
- Duly accomplished Internship Personal Information Form.
- An official copy of applicant's academic records. (Transcript copy)
- A copy of SDLE certificate (if applicable).
- Basic Life Support (BLS) Certificate or Advanced Cardiac Life Support (ACLS) Certificate.
- A copy of the national identity and passport.

NOTE:
- **Notification will be send to your email once accepted.**
- **Maximum of four (4) months of rotation**