

الرجاء أرفاقها مع التقرير الطبي بعد تعبئتها



KING SAUD BIN ABDULAZIZ UNIVERSITY FOR HEALTH SCIENCES
COLLEGE OF SCIENCE AND HEALTH PROFESSIONS
OFFICE OF STUDENT AFFAIRS

STUDENT'S SICK LEAVE REPORT

Date: _____
Student's Name: _____
Student No.: _____
Badge No.: _____
Course/Batch: _____
Group: _____
Date of Absence: _____
Total No. of Days of Absence: _____

Missed Examinations / PBL:

Missed Lectures/Sessions	Time/Date
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

Student Affairs Manager's Remarks
 Approved Disapproved

Recommendation: _____

Assistant Dean/Chairman/Deputy Chairman/Block Coordinator
Review and Recommendation:
 Approved Disapproved

Remarks: _____

Signature