

Umm Al-Qura University Faculty of Dentistry Vice Dean for Clinical

Affairs

وحدة تدريب أطباء امتياز الأسنان

Dental Internship Training Unit

جامعة أم القرى كلية طب الأسنان وكالة الكلية للشؤون السريرية



Community Work Form

Student Name: University ID. NO.	

	Name of the Event	Site	Title	No. of hours	Supervisor		Chair of the internship program
					Name	Signature	
1							☐ Approved☐ Disapproved☐
2							☐ Approved☐ Disapproved☐
3							□ Approved□ Disapproved
4							☐ Approved☐ Disapproved☐
5							☐ Approved☐ Disapproved☐
6							☐ Approved☐ Disapproved☐
7							☐ Approved☐ Disapproved☐
8							☐ Approved☐ Disapproved☐
9							☐ Approved☐ Disapproved☐
10							☐ Approved☐ Disapproved☐
11							☐ Approved☐ Disapproved☐
12							☐ Approved☐ Disapproved☐
13							☐ Approved☐ Disapproved☐
14							□ Approved□ Disapproved
15							☐ Approved☐ Disapproved☐

	Community Work Completion					
	Name	Signature	Date	Status		
Vice Dean for clinical				□ Pass		
affairs				□ Failed		
Chair of the internship				□ Pass		
1				□ Failed		