Kingdom of Saudi Arabia Ministry of Education Umm Al-Qura University



المملكة العربية السعودية وزارة التعليم جامعة أم القرى

Community Work Form

Student Name: University ID. NO.

	Name of the	Site	Title	No. of	Supervisor		Chair of the
	Event			hours	Name	Signature	internship program
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

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