

KINGDOM OF SAUDI ARABIA

Ministry Of Education

NAJRAN UNIVERSITY

Faculty Of Dentistry



NO :

Date : / /

Attac :

Request of supervision date/ time replacement

I request you to approve the replacement of my supervision for Day:

Date:..... Time:

Because:

.....

Name Date: Signature:

====

The replacement:

I am: Signature: Date:

Certify that I will replace my colleague in the date, time and hall mentioned above.

My colleague will replace me on Day: Date:

Time:

Not requesting my colleague for a compensation of the replacement.

THIS FORM MUST BE SUBMITTED TO THE UNIT AT LEAST 24 HRS BEFOR THE REPLACMENT TIME, AND NOT CONSIDERED VALID UNLESS ITS APPROVED.

===== for the use of ECU =====

Accepted

Rejected.

Because:.....

Head of ECU