



CHECK-OUT LIST [CLEARANCE FORM]

T O : **MR. SALEH R. AL ANAZI**
Director-General for Administration

FROM : _____ Computer No. _____

DATE : _____

This is to certify that the above-named 5th year student of this College has been cleared of all his accountabilities from the following sections of DUC.

- Steri-Center
- Phantom Laboratory
- Pre-Clinical Prosthetic Laboratory

This Clearance has been issued for the end of 1st Semester/2nd Semester, Academic Year 14 _____ H.

SIGNATURE

DATE

STERI-CENTER [Supervisor]

PHANTOM LABORATORY [Head]

CLINICAL HALL [Supervisor/Head]

PRE-CLINICAL

PROSTHETIC LABORATORY

[Henry]

Thank you!



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