

## IPC Rules & Regulations Agreement Form

I have read the rules and regulations for the *Internship* Programme in the internship programme manual of King Khalid University, College of Dentistry. I agree to these terms and understand that I will be expected to adhere to these expectations for the duration of the programme. I also understand that, in addition to this agreement, additional terms may be added based on the circumstances onsite.

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**In witness of the terms of this agreement, and intending to be legally bound, signatures of the following parties are affixed:**

**Intern's Name:**

**Intern's Signature:**

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Noted by:**

\_\_\_\_\_  
**IPC Director**