

## Internship Training Request Form

**Date:**

**To:**

Dear Doctor/Director,

Our graduate would like to undergo part of the Internship training at your respected facility. I would therefore be grateful if you are able to offer that opportunity. The personal information and the proposed training period and posting are listed below for your kind consideration.

### Basic Information:

|                      |                |
|----------------------|----------------|
| Trainee's Name:      | National ID:   |
| Year of Graduation:  | Phone:         |
| Batch of Graduation: | Email address: |

### Proposed Training Period:

|              |            |                             |
|--------------|------------|-----------------------------|
| <b>From:</b> | <b>To:</b> | <b>Total No. of Months:</b> |
|--------------|------------|-----------------------------|

### Proposed Training Post:

|   |   |
|---|---|
| <input type="checkbox"/> PDC/GP           | <input type="checkbox"/> Oral / Maxillo Surgery |
| <input type="checkbox"/> Specialty-based: | <input type="checkbox"/> Other (Specify):       |

For further inquiries, please call **(017) 241-7647**.

Thank you for your kind cooperation.

**Sincerely,**

Dr. Ali Mansour Alqahtani

Chairman of the Internship Program

**Email:** IPCDENT@kku.edu.sa

College of Dentistry, King Khalid University

Abha, Saudi Arabia

KKU - COD  
Stamp

### Response

Accepted

Denied

**The reason of refused:** \_\_\_\_\_

**Name:**

**Position:**

**Signature:**

Institute  
Stamp

**Tel.:**

**Email:**

**Date:**