

Kingdom of Saudi Arabia

King Khalid university

College of Dentistry



المملكة العربية السعودية

جامعة الملك خالد

كلية طب الأسنان

Student Absence Form

Student's Name:

Students ID:

Level:

Date(s) of Absence:

Day(s) of Absence:

Courses in which the student was absent

Course name& code	Course Coordinator

Reasons for absence:

1-

2-

3-

Name of Academic Advisor:

Approved

Not Approved

Signature: