Kingdom of Saudi Arabia Ministry of Health Riyadh Second Health Cluster Academic and Training Affairs



المملكة العربية السعودية وزارة الصحة تجمع الرياض الصجي الثاني الشؤون الأكاديمية والتدريب

UNDERGRADUATE TRAINING DEPARTMENT

UNDERGRADUATE TRAINING JOINING LETTER

Respected Hea	d of the Department		
The trainee mentioned below has completed all the requirements for joining the training at the training site by the undergraduate training coordinator in the Academic and Training Affairs Department. The training will begin on the (date), for inquiries, please contact (name) on the number or e-mail			
Name:	(First)		(Middle) (Last)
Category:	☐ Student ☐ Intern	Classification:	☐ Medical ☐ Dental ☐ Pharmacy ☐ Nursing ☐ Allied Health
Department:		Training Site:	
Start Date:		University:	
End Date:		Duration:	
Name of the Director of Academic and Training Affairs Department:			Stamp:
Signature			

