ADVISOR INTEREST FORM

Date: _________________________

Name: _______________________________________________________________

Department: ___________________________________________________________

Office Phone: __________________________________________________________

Do you currently advise any group or club? ________________________________

If yes, which one (s)? ________________________________

If no, would you be interested in advising a group or club if one of interest becomes available?

_____________________________________________________________________

_____________________________________________________________________

What are your interests and hobbies?

_____________________________________________________________________

_____________________________________________________________________

For Question please contact:

Studentsclub@ksau-hs.edu

King Saud bin Abdulaziz University for Health Sciences
Deanship of Students Affairs

Students Club

الاستخدام الرسمي داخل الجامعة فقط

Studentsclub@ksau-hs.edu.sa