**King Saud bin Abdulaziz University**

**for Health Sciences**

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**College of Applied Medical Sciences**

**Website Update Request Form**

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| --- | --- | --- |
| **Department** | **Request Date** | **Requestor** |
|  |  |  |

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| --- | --- | --- |
| **Request Details** | | |
| **🗴 Event**  **New s Announcement Other** | | |
| **Title:** | **Date**(for events): | |
| **Content** | | |
|  | | |
| **Attachment:** | | |
| **Priority:** High 🗴 Medium Low | | |
| **Dean’s Approval** | | |
| **Request Received Date:** | | **Accepted:** Yes No |
| **Signature:** | | |

|  |  |  |
| --- | --- | --- |
| **Update Request Status** | | |
| **Update Completed Date:** | | **Status:** Complete Partial |
|  | | |
| **Responsible Party:** | **Signature:** | |