

University Relations and Media Affairs

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## PUBLICATIONS REQUEST FORM

### NOTE:

Average request for publications needs a minimum of fifteen (15) working days.

	<u>PUBLICATION TITLE</u>	<u>QTY.</u>
<input type="checkbox"/>	College of Medicine Booklet كتيب كلية الطب	
<input type="checkbox"/>	College of Nursing Booklet كتيب كلية التمريض	
<input type="checkbox"/>	College of Pharmacy Booklet كتيب كلية الصيدلة	
<input type="checkbox"/>	College of Dentistry Booklet كتيب كلية طب الأسنان	
<input type="checkbox"/>	COAMS Booklet كتيب كلية العلوم الطبية التطبيقية	
<input type="checkbox"/>	CPH&HI Booklet كتيب كلية الصحة العامة والمعلوماتية الصحية	
<input type="checkbox"/>	KAIMRC Booklet كتيب مركز الملك عبدالله العالمي للأبحاث الطبية	
<input type="checkbox"/>	KSAU-HS Booklet كتيب جامعة الملك سعود بن عبدالعزيز للعلوم الصحية	
<input type="checkbox"/>	Students Manual الدليل الإرشادي للطلاب	
<input type="checkbox"/>	Admission & Registration Guide الدليل الإرشادي للقبول والتسجيل	
<input type="checkbox"/>	International Health Days Booklet كتيب الأيام العالمية للصحة	

Date Prepared: \_\_\_\_\_

Requestors Name: \_\_\_\_\_

Department: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Extension: \_\_\_\_\_ Pager: \_\_\_\_\_ Date Required: \_\_\_\_\_ Time: \_\_\_\_\_

Justification: \_\_\_\_\_

### REQUESTING DEPARTMENT HEAD APPROVAL:

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### UNIVERSITY RELATIONS & MEDIA DEPARTMENTS' USE ONLY:

Date Received: \_\_\_\_\_ Reference No: \_\_\_\_\_

### CUSTODIANS' COMMENT:

☐ Approved ☐ Disapproved:

Remarks: \_\_\_\_\_

Expected Date to Release: \_\_\_\_\_

Custodians' Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

### DEPARTMENT HEAD APPROVAL:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_