كلية الصحة وعلوم التأهيل

وكالة التدريب والشؤون السريرية

**Hospital training (during the summer period)**

**Honorable Director of**

We request your kind permission to train the student / ........................................... ..........

University number (..............................) registered with the Faculty of Health and Rehabilitation Sciences at Princess

Norah bint Abdulrahman University in the year .................................., for the academic year (........ ..............)

during the period from the date of .... / .... / ..... 20 - .... / .... / ..... 20 in the section (......................................)

We thank and appreciate your support and cooperation.

**Vice Dean for training and Clinical Affairs Head of the Department**

**Dr. Kholood Matouq Shalabi. …………………………**

For inquiries please contact: 0118240543

Note: (The student was given this letter upon her request without the college bearing any responsibility).