

Faculty Clearance Form

Form No. QU-1

5/22/2017

Personal Information	Name	:	Click or tap here to enter text.
	Rank	:	Click or tap here to enter text.
	Employee No.	:	Click or tap here to enter text.
	Cell Phone (Inside KSA)	:	Click or tap here to enter text.
	Cell Phone (Outside KSA)	:	Click or tap here to enter text.
	e-mail (Inside KSA)	:	Click or tap here to enter text.
	e-mail (Outside KSA)	:	Click or tap here to enter text.

I, Choose an item. Click or tap here to enter text., certify that the above information is accurate and in case of any missing or inaccurate data found, during my vacation leave, in my course portfolio or my delivered tasks I am willing, upon request, to provide any necessary remedy information to the quality unit by the required due date.

Name and Signature : Choose an item. Click or tap here to enter text.
{Faculty Member}

This is to certify that the Quality Unit has received all preliminary required materials as of today's date.

Name and Signature : Dr. Saravanan Tirumalai
{CS Department Quality Coordinator}

Name and Signature : Dr. Shailendra Mishra
{IT Department Quality Coordinator}

Approved
Name and Signature : Dr. Ahmed Abo-Bakr
{Unit Chair}