Kingdom of Saudi Arabia **Ministry of Higher Education**

King Saud University

Code 034

College of Medicine **Medical Education Center**





المملكة العربية السعودية وزارة التعليم العالي جامعة (لملك معو و رمزها ۲۴۰ كلية الطب مركز التعليم الطبي

No.:	ال قد	Date:	: 2	نار د	الة
140	, L	Date.	. C		

CONSENT

This confirms my acceptance for the $\frac{1}{(\text{no. of yrs.})}$ year(s) residency/fellowship
position in the program (name of residency/fellowship program)
at King Khalid University Hospital/King Saud University as my training
center, effective (date)
I understand that upon acceptance of this offer, I will not accept any other offer from any hospital.
Resident/Fellow signature
PRINT NAME
DATE