



Separation Clearance Form for KSAU-HS Graduated Students

Part I - To be completed by MNG-HA Department

Student Name: Student ID No.:
College Name: Region :
MNG-HA Badge No.: Program Type:
Responsible Hospital Department:
Training Duration: Start Date: End Date:

Department	Stamp/Signature	Date	Comment
Responsible Hospital Department* (Properties, Assignments and others)			

Department	Stamp/Signature	Date	Comment
Military Police (Car Pass)			

Department	Stamp/Signature	Date	Comment
Badging Office (Badge)			

Department	Stamp/Signature	Date	Comment
Key Control (Access Card)			

Department	Stamp/Signature	Date	Comment
Communications (Pager)			

List of training program and respective department:

Program Name	* Responsible Hospital Department
Nursing	Nursing Services
Medicine & Surgery	Medical Services
Dental Medicine	Dental Services
Doctor of Pharmacy	Pharmaceutical Care Services
Emergency Medical Services	Emergency Medical Services Division
Laboratory Sciences	MA-Laboratory Medicine
Respiratory Therapy	Respiratory Services
Occupational Therapy	Rehabilitation
Anesthesia Technology	Anesthesia Department
Clinical Nutrition	Clinical Nutrition
Radiology Sciences	MA-Medical Imaging
Cardiovascular Technology (C. Catheterization) Cardiovascular Technology (Echocardiography)	Cardiac Sciences
Audiology speech Therapy	Ear Nose Throat Division

Student Signature

Date

Part II - To be completed by KSAU-HS Department

Department	Stamp/Signature	Date	Comment
Student Affairs (College)			
College Library			
Security and Safety			
Human Resources/Financial Affairs			
Deanship of Student Affairs			
Deanship of Admission & Registration			

Part III - To be completed by the Student

I, _____ (Name) _____ have received all the documents from Deanship of Admission & Registration.

_____ **Student Signature** _____ **Date**