



This completed form must be received by the SCFHS for each application submitted.

The application process is not complete without this form.

Student name:

National/Residence ID #:

Type of Examination:

Saudi Medical Licensure Examination (SMLE)

Saudi Dental Licensure Examination (SDLE)

Saudi Nursing Licensure Examination (SNLE)

Saudi Pharmacist Licensure Examination (SPLE)

Saudi Laboratory Licensure Examination (SLLE)

Last year Student

OR

Intern - Period from to

I certify that this student is currently enrolled in the University/College and is eligible to register for the examination stated above.

Printed Name of Dean or Designee	
Signature of Dean or Designee	
Name of University/College	
University/College City/Branch (if applicable)	

OFFICIAL STAMP

Date: