**ELIGIBILITY CERTIFICATION OF (2020)**

**SNLE - SDLE - SMLE - SPLE**



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| **This completed form must be received by SCFHS foe 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) * Student in ……………………………. Year   OR   * Intern – Period from …………. to …………… * Graduation year (e.g. 2020) 2020     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 | Prof. Mohammed bin Yahya Arishi | | Name of Dean or Designee |  | | Name of University/College | Jazan University – College of Nursing | | City/Branch ( if applicable) | Jazan |     OFFICIAL STAMP  Date : 16/12/2020  Mock test score for student training and preparation only and cannot be used for any other purposes.  Mock test attempts are unlimited at any study year. |