



King Saud Bin Abdulaziz University for Health Sciences
COLLEGE OF SCIENCE and HEALTH PROFESSIONS
Student Affairs Department – Female Section

Exam Conflict Form

Student's Name: _____ Badge No.: _____
Academic No: _____ Course / Batch () Group : ()
Contact No: 1- _____ 2- _____
E-mail: _____

Conflict Exam				
Midterm	1 st	<input type="checkbox"/>	2 nd	<input type="checkbox"/>
Final		<input type="checkbox"/>		

Courses in Conflict:

Repeated Course: _____

New Course: _____

The First Exam

No.	Day / Date	Course name	Course code	Time	Instructor name
1					

The Second Exam

No.	Day / Date	Course name	Course code	Time	Instructor name
1					

Student Signature: _____

Received By:

Name: _____

Badge No.: _____

Date: _____

Signature: _____