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)	☐ Mock test (SMLE)
☐ Saudi Dental Licensure Examination (SDLE)	☐ Mock test (SDLE)
☐ Saudi Nursing Licensure Examination (SNLE)	☐ Mock test (SNLE)
☐ Saudi Pharmacist Licensure Examination (SPLE)	☐ Mock test (SPLE)

Or

☐ Student in .... Year

   OR

☐ Intern – Period from ……..................... to …....................

☐ Graduation year (e.g. 2019) ....

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	
City/Branch (if applicable)	

OFFICIAL STAMP

Date:

- Mock test score is for student training and preparation only and cannot be used for any other purposes.
- Mock test attempts are unlimited at any study year.