**Faculty Clearance Form**

**Form No. QU-1**

**5/22/2017**

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| --- | --- | --- | --- |
| Personal Information | Name | : | Click or tap here to enter text. |
| Rank | : | Click or tap here to enter text. |
| Employee No. | : | Click or tap here to enter text. |
| Cell Phone (Inside KSA) | : | Click or tap here to enter text. |
| Cell Phone (Outside KSA) | : | Click or tap here to enter text. |
| e-mail (Inside KSA) | : | Click or tap here to enter text. |
| e-mail (Outside KSA) | : | Click or tap here to enter text. |

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| I, Choose an item. Click or tap here to enter text., certify that the above information is accurate and in case of any missing or inaccurate data found, during my vacation leave, in my course portfolio or my delivered tasks I am willing, upon request, to provide any necessary remedy information to the quality unit by the required due date. |
| Name and Signature{Faculty Member} | : | Choose an item. Click or tap here to enter text. |
| This is to certify that the Quality Unit has received all preliminary required materials as of today’s date.  |
| Name and Signature{CS Department Quality Coordinator} | : | Dr. Saravanan Tirumalai |
| Name and Signature{IT Department Quality Coordinator} | : | Dr. Shailendra Mishra |
| Approved |
| Name and Signature{Unit Chair} | : | Dr. Ahmed Abo-Bakr |