



جامعة تبوك
University of Tabuk



Clinical Simulation Unit
وحدة المحاكاة السريرية



Moulage Request Form

Institution	<input type="checkbox"/> University of Tabuk <input type="checkbox"/> KFSH <input type="checkbox"/> KKH <input type="checkbox"/> Other (Please Specify):		
Event Venue	<input type="checkbox"/> Simulation Center <input type="checkbox"/> Other (Please Specify):		
Department / college:			
Requester name :		E-mail:	
Title of event:			
Date for the event			
Area for conducting the Moulage	<input type="checkbox"/> SP <input type="checkbox"/> Manikin <input type="checkbox"/> Student		
Description			
Kindly write a full Description about the type of Moulage you needed, (Attach a picture to Clarify) .			

For inquiries, please contact us at: ☎ 0144562534 ✉ SP-CSSC@UT.EDU.SA