



KING ABDULAZIZ UNIVERSITY HOSPITAL

Nursing Education & Research Unit

Nursing Research Findings Submission Form

Name:	
Address:	
Contact no:	
Email:	
Employee no or student ID no:	
Saudi council no:	
Research title	

I,..... Employee no/ID no

Therefore I agree to adhere to KAUH Nursing Research Policy, policy no PP/..... and Nursing Research findings/dissemination policy no submitting my research findings to KAUH.

Researcher/s:

Name & Signature Date

Name & Signature Date

Name & Signature Date

Name & Signature Date