

## Faculty Of Dentistry The University of Jordan Faculty Teaching Coverage Form

From:		To	'/	
ease find unde leave.	r list the name o	of faculty agreed	to cover my teaching dution	es during my
Faculty Name	•			
Signature:		Date:		
Day	Session	Course	Faculty ( who will cover you)	His / Her Signature
Sun				8
Tues.				
Wed				
Thur.				
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