



Report Form: Extracurricular Activity

Community Service Unit

Title of Activity:

Name of the faculty supervisor:

Date of the Activity:

Duration of the Activity:

Description of the activity:

Activity objectives:

Outcome(s) Achievement:

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Evidence of the Impact of the Activity (Results of KPI measurement): Measuring student satisfaction with the activity

Results:

King Saud Bin Abdulaziz for Health Sciences

College of Nursing



Challenges Experienced:
Recommendations:

Faculty Signature:

Date:

King Saud Bin Abdulaziz for Health Sciences

College of Nursing

