**Application Form of Non-Iranian Applicants**

**A) Personal Information**

|  |  |  |
| --- | --- | --- |
| First Name: | | |
| Last Name: | | |
| Father's Name: | | |
| National ID Number: | | |
| Date of Birth (Month/Day/Year) | | |
| Birth Place(City/Country) | | |
| Nationality: | Citizenship: | |
| Religion: | Gender | Male□ |
| Female□ |
| Marital Status: | Single□ |  |
| Married□ | Number of Children□ |
| Passport Details:  Passport No:  Date of Issue:  Date of Expiry:  Place of Issue: (City/Country) | | |

**B) Educational Background**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Degree | Field of  Study | Start Date | End date | Grade Point  Average | School / University | City | **Country** |
| High School  Diploma |  |  |  |  |  |  |  |
| B.Sc. |  |  |  |  |  |  |  |
| M.Sc. |  |  |  |  |  |  |  |

**C) Field of Study and the Applied for Degree (In order of Preference)**

|  |  |
| --- | --- |
| --- | Major(s) you apply for |
| 1 |  |
| 2 |  |
| 3 |  |

**D) Address and Phone Number of the Applicant**

|  |
| --- |
| Country: |
| State/Province: |
| City: |
| Street: |
| Phone Number: |
| Cell phone: |
| Email: |

**E) Address and phone number of friends and next of kin who live in Iran to contact them if needed**

|  |  |  |  |
| --- | --- | --- | --- |
| First and Last Name | Relation | Phone Number | Address |
|  |  |  |  |
|  |  |  |  |

Iraqi applicants must select one of the cities where they can obtain their students visa from the Embassy or General Consulate of I.R. Iran.

Baghdad□ Najaf □ Karbala □ Sulaymaniyah□ Erbil □

I hereby confirm that filling out the present form does not represent my admission at Kurdistan University of Medical Sciences.

I confirm to have completed all the required information correctly and in detail. If admitted at Kurdistan University of Medical Sciences, I will be committed to follow all the regulations of the University.

**Name of the Applicant:**

**Signature:**