

Mashhad University of Medical Sciences

International Student Admission Council

Office of International Affairs, Central Building (Ghoreishi) Of Mashhad University of
Medical Sciences, Daneshgah Street, Mashhad, Iran

The Secretariat Council of International Student Admission

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Application Form of International Student Admission in Mashhad University of Medical Sciences

A. Demographic Information:

1. Given Name:	
2. Surname:	
3. Father's Name:	
4. ID number:	
5. Date of Birth(DD/MM/YY):	
6: Place of Birth (City/Country):	
7: Nationality:	8: Citizenship:
9. Religion:	10: Gender: Male Female
10: Marital Status: Single Married	
Number of Children	
11: Passport information: Passport Number: Date of Issue: Date of Expiration: Place of Issue (City/Country):	

B. Educational Background:

Degree	Major	From	To	Average (GPA)	Name of School, College or University	City	Country
Diploma							
Bachelor's							
Master's							

C. Are you currently a student? No..... Yes.....

If yes, fill the table below:

Major	University/college/institute name and address	Degree	Starting date	Estimate Graduation date

D. Major and Degree that you intend to apply for (in the order of priority):

Row	Major you intend to apply for	Starting semester/year
1		
2		
3		

E. How Tuition fees are going to be paid:

Personal Fund.....

Scholarship.....

It is essential to have a copy of scholarship approval eligible for Islamic Republic of Iran Embassy or Consulate in applicant's country of residency.

F. Language Proficiency:

Second/Foreign Language	Reading			Writing			Communication (Speaking/Listening)		
	good	average	poor	good	average	poor	good	average	poor
Persian/Farsi									
English									
Arabic									
Other Languages									

G. List of article/book publications:

Article/book title and features (in the language it is drafted in)	Authors' name	Publication	Date of publication

H. Applicant's address and telephone number

City:

Province/State:

Country:

Street:

Number:

Postal Code:

Phone number:

Mobile phone number:

Address and phone number of your next of kin or friends in Iran that can be contacted if necessary:

Given name and Surname	Relation to you	Telephone number	Address

Knowing that filling this application does not imply admission by Mashhad University of Medical Sciences, I hereby accept the responsibility that all the information above are provided accurately in full details. I am committed to observe all university rules and regulations in case I am admitted to Mashhad University of Medical Sciences:

Applicant's name:

Signature:

Date: