

**Arak University of Medical Sciences**

**International Affairs Office**

**Application Form**

Please complete this form and upload it through the registration process:

**Last name** ----------------------------------------------------------------

**First name** ------------------------------------------------------------------------ **Middle name** -----------------------------------------------------------------

**Date of Birth,** ------/------------------/---------- (Day, Month, Year) **Place of Birth, city**--------------------------- **Country**---------------------

**Sex: Male Female Nationality** ------------------------------------- **Religion** ---------------------------------------

**Passport Number** --------------------------------- **Date of Issue** -----/ ------------/ ------ (Day, Month, Year) **Date of Expire** ------------------

**Current Mailing address,** building # ------------------ street--------------------------------------------------- zip code ----------------------------

City --------------------------------------------- Country----------------------------------------------- **Phone #** ----------------------------------------------

**Fax #**------------------------------------------- **E-mail address** --------------------------------------------------------------------------------------------

**Name and Address of company (for employees)** ----------------------------------------------------------------------------------------------------------

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Position ------------------------------------------- Phone # ----------------------------------------------------- Fax # ---------------------------------------

**Marital status, Single □ Married □ Divorced □**

**Dependents Information** (Including Spouse & children)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Last Name** | **First Name** | **Age** | **Relationship with Applicant** |
|  |  |  |  |  |
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**Summary of Academic Background**

Please, list all educational institutions after high school

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Name of School/University** | **Location (country)** | **Field of Study** | **Degree** | **Date of Attendance** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

If you are currently studying at any institution, please complete the table below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Name of School/University** | **Location** (country) | **Field of Study** | **Degree** | **Graduation Date** (expected date ofgraduation) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**For which level do you apply?**

**B.Sc. degree □ M.Sc. degree □ M.D. degree □ Ph.D. by course □**

**Ph.D. by research □ Residency (Medical Specially) □ Residency (Dentistry Specially) □**

**MPH (**Master of public health**) □**

**Interested field of study (**in order of priority**),**

**1-**------------------------------------------------------------------------

**2-**-------------------------------------------------------------------------

**3-**------------------------------------------------------------------------

**Persian Language Proficiency:**

Advanced **□** Upper Intermediate **□** Intermediate Lower**□**  Intermediate Elementary**□** Beginner **□**

**English Language Proficiency:**

Advanced **□** Upper Intermediate **□** Intermediate Lower **□**  Intermediate Elementary **□**  Beginner **□**

**How you will be financially supported?** Personal Income **□** Scholarship **□**  Source of scholarship -----------------

**Do you have any physical disability?** No **□**  Yes **□**  if yes, please explain ---------------------------------------------------

**Certification, Application must be signed for processing**.

I certify that provided complete and accurate statements on this application. To the best of my knowledge, all official documents are authentic, alternated records that pertain to me. I understand that all official documents submitted in support of this application. I have been informed on the regulations of admittance to the Arak University of Medical Sciences and on the tuition fees and living expenses. I am warned that failure to report all the complete and accurate information will invalidate my application and my result in invalidity of a degree obtain if admitted.

**Signature** ----------------------------------------------------------------- **Date**-------------------------------------------------------

**Office of International Affairs**

**Arak University of Medical Sciences**

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