

International Student Application Form

Personal Details (as shown in passport)

Family Name: First Name(s):

Date of Birth: / / DD/MM/YYYY Gender: Male Female

Citizenship: Place of Birth:

Passport Number: Issue Date: Expiry Date:

Place of Issue: Number of children: Marital Status: Single Married

Disability: (The following information will help us improve services for students with disabilities. The information you supply is confidential.)

Do you live with the effects of significant injury, long-term mental/physical illness or disability? Yes No

If "Yes", please describe this disability:

Applicant's Contact Details

Address:

Tel. No.:

Mobile No.:

Email Add.:

Emergency Contact in Iran (if any)

Name:

Relationship with you:

Address:

Tel/mobile number:

Email:

Desired Degree Program

Duration

Proposed Start Date

1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Desired Degree:		B.A/B.Sc.	M.A/M.Sc.
		Ph.D.	others
		<input type="text"/>	

What are your career intentions and goals? How will pursuing this program of study assist you in achieving those goals?

What are your immediate plans after you have completed this program of study?

Educational Background/ Details

	Degree	School / College / University	Country	Date Completed
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please attach certified copies of school / college / university certificates.



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Persian Language Proficiency

Which certificate do you hold in Persian language? level

Do you wish to register for University of Mazandaran Preparatory Persian Language Course (UMZPLC)? Yes No

If yes, please fill in the UMZPLC form (for download, click here).

Fee Payment

Please provide details of how you intend to pay your tuition fees. Applicants may be asked to supply details of their financial position and their provision for the payment of fees.

Self-funded
 Funded by the Iranian government
 Funded by my government
 Other:

Book(s) and Article(s)

	Name of the Author(s)	Title	Publication	Year
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

National and International Conference(s)

	Name of the Presenter(s)	Title	Place	Date
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Occupation Background

1. Name of Institute or Company: Governmental Non-governmental

Start Date: / MM/YYYY End Date / MM/YYYY Position:

Address: Telephone:

2. Name of Institute or Company: Governmental Non-governmental

Start Date: / MM/YYYY End Date / MM/YYYY Position:

Address: Telephone:

Other(s):



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Biography

Please write a short biography of yourself.

Declaration by Student

- I confirm that all the information contained in this application and in any attachments is true and correct to the best of my knowledge and belief.
- I have read and understood the information contained in the UMZ Student Prospectus (also available on the OISC website), and agree to comply with the attendance and behavior requirements.
- I have read and understood the UMZ Student fee payment method which is printed in the prospectus and is on the OISC website.
- I acknowledge that the provision of false information or the withholding of relevant information may result in termination of enrolment.
- I will inform the university if there are any changes to the details of this application.
- I acknowledge that I have read the information about the course I have enrolled for.

I have read and agree with all the above.

Yes

No

Date / /

- After filling out the form, send it to this email address: registration@umz.ac.ir