**Application Form for International Students**

**Babol University of Medical Sciences**

**Please return the completed form to:** International campus of MUBabol (admission@mubabol.ac.ir)

**1) GENERAL INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comments** | **Please fill out** | **Needed Information** |  | **Type of information** |
| As shown in your passport |  | Name | 1 | **Personal information** |
| As shown in your passport |  | Surname | 2 |
| Male / Female |  | Gender | 3 |
| - |  | Mother tongue | 4 |
| Day/Month/Year |  | Date of birth | 5 |
| Country & City |  | Place of birth | 6 |
| - |  | Nationality | 7 |
| - |  | Country of citizenship | 8 |
| Single / Married |  | Marital status | 9 |
| Diploma / BSc / MSc / PhD / MD/MBBS / DDS/BDS / Pharm.D. |  | Latest degree | 10 | **Educational and occupational information** |
| GPA of your latest degree |  | Grade Point Average(GPA) | 11 |
| - |  | Field of education | 12 |
| - |  | Name, address and website of institute you got your latest degree | 13 |
|  |  | language proficiency | 17 |
| As shown in your passport |  | Passport number | 18 | **Passport and**  **visa info** |
| - |  | Passport type | 19 |
| As shown in your passport |  | Date of issue | 20 |
| As shown in your passport |  | Place of issue | 21 |
| Your passport **MUST** be valid for a minimum of **six** months from your visa date. |  | Date of expiry | 22 |
| Please write the name of city in your country in which there is an Iranian embassy or consulate to issue your visa. |  | Place of getting visa | 23 |
| Yes/No  If the answer is yes please write the visa grant date and attach the document |  | The experience of getting educational visa for studying in Iran | 24 |
| - |  | Mobile number | 25 | **Contact information** |
| - |  | WhatsApp contact number | 26 |
| - |  | Personal email address | 27 |
| - |  | Your address in your home country | 28 |

**2) FAMILY MEMBERS**

|  |  |  |
| --- | --- | --- |
|  | Name | **Father** |
|  | Surname |
|  | Nationality |
|  | Occupation |
|  | Telephone/mobile number |
|  | Email |

**3) DESIRED MAJOR & DEGREE**

|  |  |  |
| --- | --- | --- |
| You must select the desired course from the list uploaded on the SEMUMS website. Write the exact name of the selected course. |  | Preferred course |
| BSc /MSc/ PhD / MD/MBBS/ DDS/BDS/ Pharm.D |  | Degree |

**4) SAORG PORTAL CODE NUMBER**

|  |  |  |
| --- | --- | --- |
| Note: Before applying you must register for SAORG Portal and get your code number. The portals address is [http://saorg.ir](http://saorg.ir:8081/)/ |  | **SAORG code number** |