(نمونه شماره ۶ - صفحه ۱)

Islamic Republic of Iran Imam Khomeini International University

In The Name Of God **Application for Admission**

Complete this form using typescript or black ink and Together with other required documents return to:

Central Secretariat Admissions Office Imam Khomeini International University P. O. BOX 19735/161 TEHRAN - IRAN FAX: 00 98 21 - 8019967

Personal Information

1- Surname:								
2- First Name:								
3- Middle Name:								
Please write differen	Please write different names that may appear in your documents.							
4- ID Card Numbe	r:							
5- Date of Birth:	Day: Month	: Year:						
6- Place of Birth:	City: Co	ountry:						
7- Nationality:								
8- Country of Citize	enship:							
9- Religion:								
10- Sex: Male Female								
11- Passport Num	ber: Date of Issue:	Day Mor	nth	Year				
	Place of Iss	sue:						
12- Marital Status:	Single:	Married:	No. of 0	Children				
13- Dependants' In		ude husband / wife	and children)					
Surname (In Full)	Fore - Name (In Full)	Date and place of Birth	Nationality	Relationship with Applicant				

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14- Dependants information (2): (Include father, mother, brother(s) and sister(s))

Surname (In Full)	Fore - Name (In Full)	Date and place of Birth	Nationality	Relationship with Applicant

Educational Education

15- List all schools attended in chronological order starting with elementary school and ending with the last.

Degree	Field of study	Starting date	Graduation date	Duration of studies	Grade point average	Name of school and university	City and Country

	16-	Are y	ou/	studying	in	any	institute	at this	time?	Yes		No	Ш
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if yes, complete the following table.

Field of study	Name and address of the institute	Level of educa tion	Starting date	Graduation date(expected date of graduation)

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17- Desired field of study, in the order of preference: (1)

Desired field of study				Proposed Semester					
18 - Please indicate here how you will be financially supported.									
Scholarship Personal Income									
19 - Have you ever taught in a university or other educational institution? Yes \Box No \Box									
If yes , please complete the following table.									
Name of the University Title of the			ne Cou	e Courses Dates of Teaching			ing		
or institute	Taught			From		То			
20 - Language(s) :									
Language Reading		,	Writing		S		peaking		
Language	Good	Fair	Rusty	Good	Fair	Rusty	Good	Fair	Rusty
	l l						l .		<u> </u>

⁽¹⁾ Application for admission to fields not available at I.K.I.U. will be referred to other Iranian universities.

21 - Books and Articles Published

Title	Published in	Name of the Publisher

Professional Experiences

22 - Details or previous and present employment

Present Institutional Affiliation	
Previous Institutional Affiliation	

<u>Address</u>

23 - Current m	ailing address	of applicant:
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Number: Street:

City: Province: Country:

Zip code / Postal Code :

Telephone Number : Home : Office :

 ${\bf 24}$ - Name , Addresses and Telephone Number of relatives and friends in Iran :

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I fully understand that filling this questionnaire does not constitute any offer of admission to any university or any other higher educational institution in Islamic Republic of Iran; and I hereby certify that the information given above is all true and complete and, if admitted, I, as student of I.K.I.U. shall adhere to all academic and disciplinary measures of the university.

 $\label{lem:applicant} \mbox{Applicant's Signature}: \mbox{\dots} \mbox{ Date}: \mbox{Date}: \mbox{Date}: \mbox{ Month}: \mbox{ Year}:$

Note:

The questionnaires not completed in English and by the applicant himself / herself shall not be considered.