

In the Name of God

The Islamic Republic of Iran

Ministry of Science, Research and Technology

Razi University

**Application Form**

Please fill out the application form and send it along with all required documents via e-mail to [international.applicants@razi.ac.ir](mailto:international.applicants@razi.ac.ir).

**A: Applicant’s Background Information**

|  |  |
| --- | --- |
|  | Full name: |
|  | Surname: |

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| --- | --- | --- | --- | --- | --- | --- |
| Date of Birth:  D: M: Y: | Nationality: | | | Marital Status:  Single ⬜  Married ⬜  Number of Children: | | Gender:  Male ⬜  Female ⬜ |
| Place of Birth:  City:  Country: | Religion: | | |
| Date of Expiry: | | Date of Issue: | | | Passport No: | |
| Address: | | | | | | |
| Email: | | | Phone No: | | | |

**B: Type of Application**

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| Program: Bachelor ⬜ Master ⬜ PhD ⬜ |
| Major: Category (if applicable): |

**C: Educational Background**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Country | City | High school/ University | G.P.A | Date of Graduation | Date of Onset | Field of Study | Program |
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**D: Language Proficiency**

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| Persian Language: Proficient ⬜ Intermediate ⬜ Beginner ⬜ |
| English Language: Proficient ⬜ Intermediate ⬜ Beginner ⬜ |