



Personal Details

Family Name: First Name:

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

Nationality: Place of Birth:

Marital Status: Single Married Number of children: Nationality Code:

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

Name:

Relationship with you:

Address:

Tel/mobile number:

Email:

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"/>

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

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 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 of Submitting Form: / /

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