



Persian Language Programs 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 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.

Persian Language Proficiency

Which certificate do you hold in Persian language? Level:

Persian Language Program Requested: Elementary Intermediate Advanced Persian Language and Cultural Program



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Occupation Background

1.	Name of Institute or Company:	<input type="text"/>	Governmental	Non-governmental
	Start Date:	<input type="text"/> / <input type="text"/> MM/YYYY	End Date	<input type="text"/> / <input type="text"/> MM/YYYY
	Address:	<input type="text"/>	Position:	<input type="text"/>
			Telephone:	<input type="text"/>
2.	Name of Institute or Company:	<input type="text"/>	Governmental	Non-governmental
	Start Date:	<input type="text"/> / <input type="text"/> MM/YYYY	End Date	<input type="text"/> / <input type="text"/> MM/YYYY
	Address:	<input type="text"/>	Position:	<input type="text"/>
			Telephone:	<input type="text"/>
	Other(s):	<input type="text"/>		

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 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 of Submitting Form: / /

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