



Shiraz University of Medical Sciences
Office of Vice Chancellor for Global Strategies and International Affairs

Visa Application Form for International students

Name		
Surname		
Father's Name		
Grandfather's Name (Applicable to Arabs)		
Date of Birth		
Place of Birth		
Nationality		
Passport	Number	
	Date of Issue	
	Expiry Date	
City where (there is an Iranian Consulate/Embassy) you want to receive your visa*		
Date of Last Entry to Iran (If Applicable)		
Correspondence Address		
Cell Phone Number		
Major		
Level		
Date to start your studies		
University	Shiraz University of Medical Sciences (SUMS)	

*When your Visa Reference Code is ready, we will inform you to go to the Iranian consulate/embassy in the city mentioned here to hand in your passport and pick up your visa.

SUMS Mailing Address

6th Floor Central Building of Shiraz University of
Medical Sciences, Zand St.,
Shiraz, Iran
Postal Code: 71348-14336

E-Mail:

Admissions: admission_gsia@sums.ac.ir
Tel: (+98 71) 32 12 28 84
Fax: (+98 71) 32 35 6996
Website: www.gsia.sums.ac.ir