

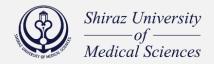
### Shiraz University of Medical Sciences Office of Vice-Chancellor for Global Strategies and International Affairs Visa Application Form for International Students **Personal Information** Name (as stated on your passport) Last Name/Surname (as stated on your passport) Middle Name Gender Female □ Male □ Date of Birth **Personal Information** (as stated on your Place of Birth passport) Nationality Citizenship (as per passport) Religion/Denomination **Marital Status** Number of Children **Passport Information** Number Date of Issue Place of Issue **Expiry Date** Type of Visa Type E (Student Entry Visa) **Passport Information** City in which you want to collect your visa\* (Please note that there must be an Iranian Embassy/Consulate in that city) Date of Last Entry to Iran (If Applicable) **Mailing Address** Correspondence Address (in Iran or home country) **Mailing Address** Postal Code

<sup>\*</sup>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.



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

## Visa Application Form for International students City Country Cell Phone/ Mobile **Mailing Address** Landline **Email Address Academic Qualifications** Previous Academic Degree Field of Study Academic Name of School/Institution **Oualifications** Country/State Commenced (dd/mm/yyyy) Completed (dd/mm/yyyy) Family Information Name Father Occupation **Nationality** Family Information Name Mother Occupation Nationality Name (Applicable Grandfather to Arabs Only)



#### Shiraz University of Medical Sciences Office of Vice Chancellor for Global Strategies and International Affairs Visa Application Form for International students **Host University Information** University **Shiraz University of Medical Sciences (SUMS)** Type of Program Degree-Based □ Non-Degree Based □ Bachelor's □ Doctor of Medicine (M.D.) □ Undergraduate Doctor of Dental Medicine (D.M.D.) $\square$ **Host University** Doctor of Pharmacy (Pharm.D.) $\square$ Level of Interest Information Master's □ Ph.D. □ Specialty □ (Please choose) Graduate Subspecialty □ Fellowship □ Non-Degree Based Elective (Internship) □ Short-Term Training Program □ Program **Program Name**

#### **SUMS Mailing Address**

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