



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

Visa Application Form for International Students

Personal Information

Personal Information (as stated on your passport)	Name (as stated on your passport)	
	Last Name/Surname (as stated on your passport)	
	Middle Name	
	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
	Date of Birth	
	Place of Birth	
	Nationality	
	Citizenship (as per passport)	
	Religion/Denomination	
	Marital Status	
Number of Children		

Passport Information

Passport Information	Number	
	Date of Issue	
	Place of Issue	
	Expiry Date	
	Type of Visa	Type E (Student Entry Visa)
	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

Mailing Address	Correspondence Address (in Iran or home country)	
	Postal Code	

*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.



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Mailing Address	City	
	Country	
	Cell Phone/ Mobile	
	Landline	
	Email Address	

Academic Qualifications

Academic Qualifications	Previous Academic Degree	
	Field of Study	
	Name of School/ Institution	
	Country/State	
	Commenced (dd/mm/yyyy)	
	Completed (dd/mm/yyyy)	

Family Information

Family Information	Father	Name	
		Occupation	
		Nationality	
	Mother	Name	
		Occupation	
		Nationality	
	Grandfather	Name (Applicable to Arabs Only)	



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Host University Information

Host University Information	University	Shiraz University of Medical Sciences (SUMS)		
	Type of Program	Degree-Based <input type="checkbox"/> Non-Degree Based <input type="checkbox"/>		
	Level of Interest (Please choose)	Undergraduate	Bachelor's <input type="checkbox"/> Doctor of Medicine (M.D.) <input type="checkbox"/> Doctor of Dental Medicine (D.M.D.) <input type="checkbox"/> Doctor of Pharmacy (Pharm.D.) <input type="checkbox"/>	
		Graduate	Master's <input type="checkbox"/> Ph.D. <input type="checkbox"/> Specialty <input type="checkbox"/> Subspecialty <input type="checkbox"/> Fellowship <input type="checkbox"/>	
		Non-Degree Based Program	Elective (Internship) <input type="checkbox"/> Short-Term Training Program <input type="checkbox"/>	
Program Name				

SUMS Mailing Address

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

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Website: www.gsia.sums.ac.ir