



SHIRAZ UNIVERSITY OF MEDICAL SCIENCES

VICE-CHANCELLERY FOR GLOBAL STRATEGIES AND INTERNATIONAL AFFAIRS

SUMS' Registration Form

Student ID No:

Study Program

Please write your information as indicated in the passport.

PERSONAL INFORMATION	
Name	
Middle Name	
Last Name	
Mother's Name	
Father's Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Nationality	
Date Of Birth	
Place Of Birth	
Passport No.	
CONTACT INFORMATION	
Cell Phone Number (in Iran)	
E-Mail Address:	

Date:

Signature: