



In the Name of God
The Islamic Republic of Iran
Ministry of Science, Research and Technology
Razi University

Application Form

Please fill out the application form and send it along with all required documents via e-mail to international.applicants@razi.ac.ir.

A: Applicant's Background Information

Full name:			
Surname:			
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Number of Children:	Nationality:	Date of Birth: D: M: Y:
		Religion:	Place of Birth: City: Country:
Passport No:	Date of Issue:	Date of Expiry:	
Address:			
Phone No:		Email:	

B: Type of Application

Program: Bachelor <input type="checkbox"/> Master <input type="checkbox"/> PhD <input type="checkbox"/>	
Major:	Category (if applicable):

C: Educational Background

Program	Field of Study	Date of Onset	Date of Graduation	G.P.A	High school/ University	City	Country

D: Language Proficiency

Persian Language: Proficient <input type="checkbox"/> Intermediate <input type="checkbox"/> Beginner <input type="checkbox"/>
English Language: Proficient <input type="checkbox"/> Intermediate <input type="checkbox"/> Beginner <input type="checkbox"/>