

**A. PERSONAL DETAILS**

Title	Mr.	Ms.	Dr.
Last name (Family name)			
First name			
Father's name			
Date of birth (DOB)	Day:	Month:	Year:
Place of birth (City and Country)			
Nationality			
Other nationalities	No	Yes, Please specify:	
Country of residence			
Gender	Female	Male	
Marital status	Single	Married	No. of children (if any):
Physical limitations	No	Yes, Please specify:	
Mother language			

**Address for Correspondence**

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Country code: \_\_\_\_\_ Area Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Home (Landline) Telephone** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**e-mail:** \_\_\_\_\_

**Skype ID:** \_\_\_\_\_ **WhatsApp Number:** \_\_\_\_\_

**B. ACADEMIC QUALIFICATIONS**
**Current Study** Please complete if you are currently a student

Degree	Field of study	Start Date	End Date	Name of University	City	Country

**Previous Degrees**

Degree	Major	Start Date	End Date	Class or Grade	Name of Institution/ University	City	Country
Ph.D.							
Professional doctorate							
Master's degree							
Bachelor's degree							
Associate degree							
Others:							

Certified academic transcripts required.



### C. COURSE PREFERENCES

Please specify the name of courses you are applying for.

Program title	Degree
1.	
2.	
3.	

#### Preferred semester and year of commencement

1st Semester (September)      Year:

2nd Semester (February)      Year:

### D. LANGUAGE PROFICIENCY

I have a valid IELTS (Academic) or TOEFL English language test result.

No                      Yes, Final Score: \_\_\_\_\_ Date taken: \_\_\_\_\_  
 (Documentary evidence is required)

Please complete the table below according to your language skills.

Language	Speaking			Listening			Reading			Writing		
	Poor	Good	Excellent	Poor	Good	Excellent	Poor	Good	Excellent	Poor	Good	Excellent
Persian												
English												
Others:												
Others:												

### E. PUBLICATIONS: Book or Journal Articles (if any)

If available, please provide a link to your publications.

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### F. HONORS, AWARDS, and PATENTS (if any)

Please list your relevant honors, awards, and patents if applicable.

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### G. EMERGENCY CONTACTS

Please list below the contact information of your next of kin or friends.

Full Name	Relationship	Phone Number	Address

#### H. How did you find out about SSU? (optional)

We would be grateful if you could let us know how you found out about the University.

Visiting SSU in person

Graduate/s of SSU

Friends

SSU website

Other websites (please specify):

Others:

#### I. DECLARATION AND SIGNATURE

I declare that the information provided by me in this form is true, accurate, and complete.

I understand that completion of this form does not guarantee admission to SSU.

I understand that I am required to provide originals of any documents used to support this application.

I acknowledge that SSU reserves the right to decline my application in case of incomplete or false information.

Applicant's Full Name:

Date:

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Thank you for your time. When completed please send the form to [international@ssu.ac.ir](mailto:international@ssu.ac.ir).