

Research Centre for
Pharmaceutical Nanotechnology
Tabriz University of Medical Sciences
Tabriz, Iran
Tel: 0098 411 3392591; Fax: 0098 411 3376149

Application Form for by research PhD program

Part I

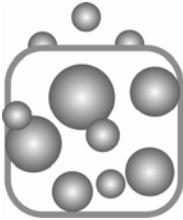
Name:	First	Middle	Last
Mr./Mrs./Miss/Ms.			
Date of Birth			
Country of Birth			
Permanent Address			
Country			
Zip Code			
Permanent Phone			
Fax			
Email			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	

Part II

Undergraduate	Year received	Major	University
Degree			

Part III: Please determine 3 research fields according to your interest priority

Title of The Interested Research Field	



Part IV: Letters of Recommendation

Note: You are responsible for obtaining two recommendation letters in sealed envelopes and submitting them with this form in one large envelope.

(Identify the names of two academic references to whom you have directed evaluation forms and envelopes.)

	Name	Position	University
1			
2			

Part V:

Language Proficiency: Please determine whether you have a standard English degree or you would like to participate in the English Language Course (ELC).

Standard English degree TOEFL IELTS MELAB **Score:** **ELC**

Part VI:

Please provide a brief statement of your professional goals

I certify that all statements in this application are correct:

Signature

Date