## QAIWAN INTERNATIONAL UNIVERSITY FRANCHISE



## **Application Form**International School

Photo

Please note that using correction pen is not allowed.

Personal Information		
Full Name (Passport Name)		
Date of Birth Place of Birt	h Gender	
Citizenship Residence C	Country	
Passport Details		
Passport No.	Issuing Authority	
Date of Issue	Date of Expiry	
National ID (Local Applicant Only)		
National ID	Rigistry No.	
Date of Issue	Issuing Authority	
Address		
Street	State	
Postal Code Country	Email	
	2111011	
Landline	Mobile Phone	
Landline  Emergency Notification		
Emergency Notification	Mobile Phone	
Emergency Notification Full Name	Mobile Phone  Country	
Emergency Notification  Full Name  Email	Mobile Phone  Country  Relationship	
Emergency Notification  Full Name  Email  Landline	Mobile Phone  Country  Relationship	
Emergency Notification  Full Name  Email  Landline  Academic Qualification	Mobile Phone  Country  Relationship	



## Republic of Iraq - Kurdistan Region Ministry of Higher Education and Scientific Research

## QAIWAN INTERNATIONAL UNIVERSITY FRANCHISE

www.uniq.edu.iq

@ info@uniq.edu.iq



Sulaymaniyah - Slemani Heights,

Sharbazher St., opposite to Hawari Shar park

Your high scool certificate must be equalized by ministry of education - Ebril, and you should bring it back to the university.

* Write the result of your equalized certificate.		
Total Mark	, ,	
Or GPA		
•		•
•		•
This Section sho	uld be filled out by School's Director	
School Name		
School Manager		
Date		Sign & Stamp
Approving and Confirming Grades from the Directory of Education		
Directory Name		
Directory Place		
Directory Manager		
Date		Sign & Stamp
Programme Sect	ion	
First Choice		
Second Choice		
Third Choice		
English Qualificat	ion (If available)	
TOEFL (iBT)		Score
IELTS		Band
If you have filled out this section, please provide a copy of your certificate.		
Self Declaration		
I certify that all the information given in this application form is correct; otherwise Qaiwan International University has the right to reject this application, to withdraw the offer of admission or to terminate my study. I also observe and ensure payment of office and other liabilities.		
	Full Name	Date and Signature

+964 772 141 1414