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

QAIWAN INTERNATIONAL UNIVERSITY FRANCHISE



Photo

Application	⁻ orm
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High School - Literary

Plea	ase note	that	using	correction	pen i	s not	allowed
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Personal Information						
Full Name (Passport Name)						
Date of Birth	Place of Birth		Gender			
Citizenship	Residence Cour	ntry				
Passport Details						
Passport No.		Issuing Authority				
Date of Issue		Date of Expiry				
National ID						
National ID		Rigistry No.				
Date of Issue		Issuing Authority				
		looding / athonty				
Address						
Street	City		State			
Postal Code	Country		Email			
Landline		Mobile Phone				
Emergency Notification						
Full Name		Country				
Email		Relationship				
Landline		Mobile Phone				
Academic Qualification						
High School						
Graduation Year						
10 th , 11 th Grade (Optional)						
10th Grade (10%) 11th Grade (10%)			Total			
If you have filled out this section, please provide a copy of your 10 th and 11 th transcripts.						



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List of Subjects						
Subject			Grade			
Kurdish						
	Arabic					
English						
Mathematics						
History						
Geography						
	Economy					
Total Mark (%100)		Total Mark (%80)			Exam Code	
This Section should	d be filled out by So	chool's Director				
School Name						
School Manager				7		
Date			Sign & S	stamp		
Approving and Cor	nfirming Grades fro	m the Directory of E	ducation			
Directory Name	Directory Name					
Directory Place						
Directory Manager						
Date			Sign & S	stamp		
Programme Section						
First Choice						
Second Choice						
Third Choice						
English Qualification (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

