



# ISLAMIC UNIVERSITY

Kushtia-7003, Bangladesh

Tel. +88 071 74900-12, 62005-6, 62008

FAX +88 07174909, Web: <http://iu.ac.bd>

## APPLICATION FOR ADMISSION OF INTERNATIONAL STUDENT

### I. PERSONAL DATA (Please write in block letters)

1. Name in Full:				<p>Paste a passport sized photograph or digital image taken within the past 6 months. Write your name and nationality in block letters on the back of the photo. (4.5cm x 3.5cm photo)</p>
	Last Name	First Name	Middle Name	
2. Gender (put $\checkmark$ mark):	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
3. Marital Status (put $\checkmark$ mark):	<input type="checkbox"/> Single		<input type="checkbox"/> Married	
4. Date of Birth:				
	Year/Month/Day		Age (as of January 1, 2019)	
5. Nationality:				
6. Country of Birth:				
7. Passport Information:	(i) Passport Number:		(ii) Place of Issue:	
	(iii) Date of Issue:		(iv) Expiry Date:	
8. Religion:				
9. Address (Home country):				
10. E-mail Address:				
11. Telephone/Mobile (Home country):				
12. Program of study at Islamic University (put $\checkmark$ mark)	<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Master's degree	<input type="checkbox"/> M.Phil. degree	<input type="checkbox"/> Ph.D. degree

13. Name of the Department:	
14. Academic Session:	

**II. FUNDING DATA**

15. Funding Source ((put $\checkmark$ mark):)	<input type="checkbox"/> Private/Family	<input type="checkbox"/> Scholarship/Grant
16. If Scholarship/Grant in 15, give details:		

**III. EDUCATIONAL DATA (Please write in block letters)**

**17. Educational background**

	Name and Address of School	Year and Month of Entrance and Completion	Amount of time spent at the school attended	Diploma or Degree awarded, Major subject When taking leave of absence, the period and reason.
Elementary Education Elementary School	Name: Location:	From: To:	years andmonths	
Secondary Education Lower Secondary School	Name: Location:	From: To:	years and months	
Upper Secondary School	Name: Location:	From: To:	years andmonths	
Higher Education Undergraduate Level	Name: Location:	From: To:	years andmonths	
Graduate Level	Name: Location:	From: To:	years andmonths	
Total years of schooling mentioned above as of July 31,2017			years	

\* If the blank spaces above are not sufficient for the information required, please attach a separate sheet.

**18. Field of specialization studied in the past (Be as detailed and specific as possible.)**

**19. Self-Introduction**

**20. Statement of Purpose**

[Empty rectangular box for writing the Statement of Purpose]

**IV. LANGUAGE PROFICIENCY DATA** (Please write in block letters)

**21. Bangla language proficiency: Evaluate your level and insert an X where appropriate in the following blank space.**

	Excellent	Good	Fair	Poor
Reading				
Writing				
Speaking				

**22. Foreign language proficiency: Evaluate your level and insert an X where appropriate in the following blank space.**

	Excellent	Good	Fair	Poor
English				
Arabic				

**V. HEALTH INFORMATION**

Gender	Male	Female	HEIGHT	cm	WEIGHT	kg
QUESTION			YES	NO	IF YES, PLEASE EXPLAIN	
Have you ever had an infectious disease that posed a risk to public health (such as, but not limited to, tuberculosis, HIV)?						
Do you have allergies?						
Do you have hyper tension?						
Do you have diabetes?						
Do you have any type of Hepatitis?						
Have you ever suffered from or been treated for depression, anxiety, or any other mental or mood disorder? (If you have received treatment, please explain and attach an official medical report.)						
Have you ever been addicted to alcohol?						
Have you been hospitalized in the last two (2) years?						
Have you had any serious injury, ailment or sickness in the last five (5) years?						
Do you have any visual or hearing impairments?						
Do you have any physical disabilities?						
Do you have any cognitive/mental disabilities?						
Are you taking any prescribed medication?						
Are you on a special diet?						

**23. Person to be notified in applicant's home country in case of emergency:**

i) Name in full:	
ii) Address: with telephone number, facsimile number, e-mail address(Present address)	
iii) Occupation:	
iv) Relationship:	

**24.Immigration Records to Bangladesh**

Date	Purpose
From To	
From To	

**Declaration**

**I understand and accept all the matters stated in the Application. I hereby give permission for my records to be made available for admission process and certify that information on this application is accurate to the best of my knowledge. I pledge to accept any decision made by Islamic University if it is later found to be inaccurate or intentionally falsified.**

Applicant's name in Roman block capitals) :

Applicant's signature:

Date of application: