



**Tehran University of Medical Sciences  
International Campus**

### Graduation Form

School:

Student ID:

#### Student Information:

Full name:

Gender:

Passport No.:

Country of birth:

Date of birth:

Nationality:

Father Name:

Local address:

Home Country address:

Email address:

#### Degree Information:

Major:

Level:

Subclass: (If applicable)

Transcript No.:

Date of Admission:

Date of Enrolment:

Duration of Studying: Semester

Leave of Absence (duration): Semester

Internships Duration: Semester

Number of Suspended Term:

Number of Summer Term:

Admission Status: **International Student**

GPA (out of 20):

#### Previous Education:

##### Postgraduate Degree

Major:

University:

Date of Graduation:

##### Undergraduate Degree

Major:

University:

Date of Graduation:

##### Additional Degrees

Major:

University:

#### Graduation Information:

Date of Thesis Submission:

Date of Thesis Defence:

Date of Leaving:

Date of Graduation:

Please notice that this form cannot be considered as an educational document with any translational value.

Information of previous certificates and current on this from will be verified according to the Educational Regulations.