

For office use only

Application NO.
Reference NO.



Application Form for MHE-AMIDEAST Project

Please complete all questions in **BLOCK CAPITALS** in black ink and complete and/or check all appropriate boxes. We also require you to submit 2 academic references (references must be former instructors) in sealed envelopes as well as all other supporting documentation before your application can be considered.

A. Personal details

| | | | | | | | | | | | | | |
|----------------------|--|----------------------|----------------------|----------------------|----------------------|---|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| First name: | Gender : Male <input type="checkbox"/> Female <input type="checkbox"/> | | | | | | | | | | | | |
| Family name: | Date of birth <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | D | D | M | M | Y | Y | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| D | D | M | M | Y | Y | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | |
| Permanent address: | Place of birth country/city | | | | | | | | | | | | |
| | Marital status: Single <input type="checkbox"/> Married <input type="checkbox"/> | | | | | | | | | | | | |
| | Number of children | | | | | | | | | | | | |
| | Telephone Number | | | | | | | | | | | | |
| | Mobile number | | | | | | | | | | | | |
| | Email address | | | | | | | | | | | | |

B. The program you are applying for:

PhD MSc MA MPhil DM Are you an HCDP holder: R1 R2 R3

C. Citizenship

| | |
|---|----------------------------|
| Nationality: | |
| Do you carry dual citizenship? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If yes, please specify: | |
| Address outside Iraq: | Iraqi passport: |
| | Passport number: |
| Other passport: | Date of issue: |
| | Expiry date: |
| Passport number: | Place of issue: |
| | Iraqi ID (civil status ID) |
| Date of issue: | Iraqi ID number: |
| | Date of issue |
| Expiry date: | Province: |
| | |
| Place of issue: | |

| D. current work | | |
|-----------------|-----------------|------------------------------|
| Date started | Position/ title | Name and address of employer |
| | | |

| E. English Language qualification | | | | |
|--|----------------------------|-------|---------------|-----------|
| Native language: | | | | |
| Was English the language of instruction for your first degree? Yes <input type="checkbox"/> No <input type="checkbox"/> | Language test | | | |
| | Test | Score | Test location | Test date |
| | IELTS | | | |
| | TOEFL | | | |
| | OTHERS (please specify) | | | |

C. Education History

| Name and address of institution | Date attended (Date started and date awarded) | Highest degree obtained | GPA (Grade Point Average) |
|---------------------------------|---|-------------------------|---------------------------|
| | | | |
| | | | |
| | | | |

D. Personal statement (English only)

- 1. Please explain your academic interest and reasons for choosing your course (not more than 250 words):**

2. If you are applying for PhD please provide a brief overview of your proposed research topic (Not more than 500 words)

E. Declaration

I certify that the information provided above is correct and I understand that the Ministry of Higher Education will withdraw my application if any aspect is found to have been falsified.

Signature

Date