***Course Registration Form***

***Session …***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Students FULL Name:** |  | | | | | |
| **Students ID Number:** |  | | | | | |
| **Program of Study:** | **MD** | **MBBS** | **DDS** | **BDS** | **Pharm D** | **M Pharm.** |

**Note 1:** Your SIPAD system should be open and without any financial notice, otherwise your application will **NOT** be proceeding.

**Note 2**: In a case that you want Theory and Practical of one course, please write down each course topic in a separate row.

**Note 3**: Please do not change the table’s forma.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Course Name |  | Course Name |
| 1 |  | 11 |  |
| 2 |  | 12 |  |
| 3 |  | 13 |  |
| 4 |  | 14 |  |
| 5 |  | 15 |  |
| 6 |  | 16 |  |
| 7 |  | 17 |  |
| 8 |  | 18 |  |
| 9 |  | 19 |  |
| 10 |  | 20 |  |

**Students must complete and return this form to Educational office of ICTUMS for processing via an email** [**e-naraghi@farabi.tums.ac.ir**](mailto:e-naraghi@farabi.tums.ac.ir) **and** [**icedu@tums.ac.ir**](mailto:icedu@tums.ac.ir) **.**

I …………………………. Confirm that the above mentioned courses need to be add on my SIPAD system and the NAVID for …. semester.

**Student Signature:**