**Application Form of Resume Education (Medicine Students)**

**Student ONLY:**

**Full Name/Nationality**

**Student number Passport Number**

**Program of Study**

 DD / MM / YY

**Last date of attendance / active study**

**"I confirm that I have been expelled from the university and request to be given one more semester of educational opportunity to return to my studies. I understand that this will be my last chance, and any further academic probation will result in my permanent expulsion from the university."**

I would like someone to contact me to give further information/advice – **YES / NO**

 DD / MM / YY

**Signature Date**

**"Please note that after the announcement of your exclusion, you must leave Iran within four weeks. Therefore, complete your forms promptly and submit them to the faculty. Once your request to Resume Education is approved, you will be informed and can return to the country to continue your education."**

**Office ONLY:**

**Reason for Expulsion**

□Three (3) Consecutive Conditional terms □Four (4) Alternative Conditional terms

□Five (5) Alternative Conditional terms □Six (6) Alternative Conditional terms

□Failing in Comprehensive Basic Sciences Examination (three times) □Other Reason

□No registeration for Academic semester at the Univeristy □Long absences from the University

Required Specifications

**TUMS-IC School of Medicine Education Manager [ ]  Approved [ ]  Disapproved**

**Name & Signature: Date:**

ستاد مرکزی پردیس بین الملل: تهران، بلوار کشاورز، خیابان فلسطین جنوبی، خیابان دمشق، خیابان برادران مظفر، پلاک 124

*www.gsia.tums.ac.ir*

دانشکده داروی سازی: خيابان وحدت اسلامي، ضلع جنوبي پارك شهر، جنب ديوان عدالت اداري، نبش، كوچه شهيد عدالت خواه، تلفن 555761631-021

**TUMS-IC School of Medicine Dean/ Vice Dean for Educational Affaires: [ ]  Approved [ ]  Disapproved**

**Name & Signature: Date:**

ستاد مرکزی پردیس بین الملل: تهران، بلوار کشاورز، خیابان فلسطین جنوبی، خیابان دمشق، خیابان برادران مظفر، پلاک 124

*www.gsia.tums.ac.ir*

دانشکده داروی سازی: خيابان وحدت اسلامي، ضلع جنوبي پارك شهر، جنب ديوان عدالت اداري، نبش، كوچه شهيد عدالت خواه، تلفن 555761631-021

|  |
| --- |
| **فرم تسويه حساب دانشجويان رشته پزشکی جهت بازگشت به تحصیل** **TUMS-IC Settlement Form (Resume Education)** |
| Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ student number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and passport number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ student in MD / MBBS, She/he has been expelled from the university.□Three (3) Consecutive Conditional terms □Four (4) Alternative Conditional terms.□Long absences from the University □No registration for Academic semester at the University Other reason □This is the First time that the student has been expelled from the university.□This is the Second time that the student has been expelled from the university. **TUMS-IC School of Medicine Education Manager**  |
| Vacated his/her room, turned in the keys, and returned all original furnishings and accessories on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) and has **NO** outstanding debts to the dormitory.**TUMS-IC Vice-Dean for Student Affairs TUMS-IC Dormitory Affairs Officer** **Insurance:** Year, Status, & Persons Under Coverage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Dormitory:** Entry Date: \_\_\_\_\_\_\_\_\_\_ Exit Date: \_\_\_\_\_\_\_\_\_\_ **TUMS-IC Cultural Student Affairs Officer**  |
| Completed (or is exempted from) the English Language program as a prerequisite of admissions.[ ]  **yes** [ ]  **no**Completed (or is exempted from) the Persian Language program.[ ]  **yes** [ ]  **no** **Dean of TUMS International College** |
| returned all the books/items he/she had borrowed from this library. The last item was returned to this library on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) and he/she does **NOT** have any books on loan or any debts. **TUMS – Medical Faculty Library** |
| Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ student number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and passport number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ student in MD / MBBS, She/he has been expelled from the university for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ time. **It should be noted that after agreement to return to study, the student will be informed.** **TUMS-IC Director of International Affairs & Development (Visa & Consular Affairs)** |
| paid all fees in full on \_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) and has **NO** remaining debts to this department. **TUMS-IC Head of Financial Department** |