



To:
IC - School of Medicine, Department of Education

Subject: Certificates and Transcript Acknowledgment

Respectfully, I.....MD / MBBS graduate student, with student number:

..... and passport number: on the day: date:

have received the following certificates and transcripts from the IC- School of Medicine, Office of Education.

MIGRATION CERTIFICATE	NO OBJECTION CERTIFICATE
CERTIFICATE OF RECOMMENDATION	CERTIFICATE OF COMPLETION
CHARACTER CERTIFICATE	BASIC SIENCE AND PATHOPHYSIOLOGY CERTIFICATE
CLERKSHIP CERTIFICATE	INTERNSHIP CERTIFICATE
COMPLETION LETTER	THE FINAL ASSESSMENT EXIT EXAM
Persian TRANSCRIPT	English TRANSCRIPT
Other Certificates	

All certificates and transcripts have been thoroughly checked and found to be error-free.
Please note that no duplicates will be issued.

Phone Number:

Student's Signature / Date



اداره محترم آموزش دانشکده پزشکی پردیس بین الملل

احتراماً، اینجانب..... به شماره دانشجویی.....
و شماره پاسپورت..... مورخ..... گواهی های ذیل را از دفتر آموزش
دانشکده پزشکی پردیس بین الملل دریافت نمودم.

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با توجه به بررسی تمام اطلاعات مندرج در گواهی ها و کارنامه ها، هیچگونه اشتباهی وجود ندارد .
لازم به ذکر است با توجه به قوانین جاری دانشگاه، تحت هیچ شرایطی گواهی المثنی صادر نخواهد شد.

نام و نام خانوادگی

امضا و تاریخ