



Student registration form for Ph.D. program

Personal data		
student's name:		
Gender: Male Female		
Place of Birth (Country / City):		
Date of birth (day / month / year): /	/	
Nationality:		
Current place of residence: Country (), City ()
Phone number (insert country code):		
ID and Passport Number: ID N. () Passport N. ()
Education		
1- General Secondary School Cert	tificate	
Specialization:		
Average:		
Country of Certificate:		
Year of issuance of the certificate:		
2- Bachelor's Degree		
Specialization:		
Average:		
Country of Certificate:		
Year of issuance of the certificate:		
3- Master's Degree		
Specialization:		
Average:		
Country of Certificate:		
Year of issuance of the certificate:		
4- Ph.D. Program		
Specialization you want to study (choo	ose from the list of spec	ialties on
the website and rank them according to	interest):	
	6	•
I acknowledge that the information con	tained in the form is cor	rect and I
take responsibility for it		
Student Name:	_ Signature:	



Attach with the form:

- 1- A copy of ID or Passport (Name in English)
- 2- A copy of the general secondary school
- 3- A copy of the bachelor's degree
- 4- A copy of the Master's degree
- 5- Personal photo

After completing this form and signing it, a scanner copy and attachments should be sent to the email: g.study@obiaacademy.uk. You will be answered by the registration unit within two days.

