

**Application form**

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| --- | --- |
|  | College name: |
|  | University name: |
|  | **Address** |
|  | P.O.Box |
|  | Postal code |
|  | City |
|  | Country |
|  | Telephone no. |
|  | Fax no. |
|  | Email |
|  | Website |
|  | **College information** |
|  | Established |
|  | Language of study |
| **Annual Semester Credit hours** | Study system |
|  | No. of Department |
|  | No. of programs |
|  | No. of Specialties |
|  | **No. of Registered students** |
|  | No. of Bachelor students |
|  | No. of Diploma students |
|  | No. of Master students |
|  | No. of Doctoral students |
|  | **No. of employees at the college** |
|  | Professor |
|  | Associate professor |
|  | Assistant professor |
|  | Lecturer |
|  | Teaching Assistant |
|  | Technician |
|  | Employee |