



**Form (1): International Student Registration Form**

University: \_\_\_\_\_  
College: \_\_\_\_\_  
Department: \_\_\_\_\_

**Personal Information**

- Full Name: \_\_\_\_\_
- Nationality: \_\_\_\_\_
- Country: \_\_\_\_\_
- Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Gender: ☐ Male ☐ Female
- Passport Number: \_\_\_\_\_
- Passport Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Contact Information**

- Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_
- Residential Address: \_\_\_\_\_

**Academic Information**

- Academic Level: \_\_\_\_\_
- Type of Study: ☐ Undergraduate ☐ Postgraduate
- Admission Type: ☐ General Admission ☐ Parallel Program ☐ Scholarship

**Attached Documents**

- ☐ Passport
- ☐ Personal Photos
- ☐ High School/Bachelor's Degree Certificate
- ☐ Police Clearance Certificate (if available)
- ☐ Medical Report

**Student Declaration**

I hereby declare that all the information provided is accurate, and I bear full legal responsibility if proven otherwise.

Student Signature: \_\_\_\_\_

Submission Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**Form (2): Language Proficiency Assessment Form**

Student Name: \_\_\_\_\_

Nationality: \_\_\_\_\_

**Placement Test**

Reading: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Writing: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Speaking: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Listening & Comprehension: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

**Evaluator's Notes:**

**Recommendation**

☐ Needs Intensive Course

☐ Needs Intermediate Language Support

☐ Acceptable Level — No Support Required

Evaluator's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**Form (3): Monthly Academic Advisor Follow-Up Form**

Student Name: \_\_\_\_\_

Academic Level: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_

**Attendance and Commitment**

Attendance Rate: ☐ Very Good ☐ Good ☐ Acceptable ☐ Poor

Punctuality: ☐ Very Good ☐ Good ☐ Acceptable ☐ Poor

Assignment Submission: ☐ Very Good ☐ Good ☐ Acceptable ☐ Poor

**Academic Performance:**

Subject 1: ☐ Strong ☐ Moderate ☐ Weak Notes: \_\_\_\_\_

Subject 2: ☐ Strong ☐ Moderate ☐ Weak Notes: \_\_\_\_\_

Subject 3: ☐ Strong ☐ Moderate ☐ Weak Notes: \_\_\_\_\_

**Student Difficulties:**

\_\_\_\_\_

**Actions Taken by Advisor:**

\_\_\_\_\_

Advisor's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**Form (4): Evaluation of Services Provided to International Students**

Student Name (Optional): \_\_\_\_\_

**Academic Services**

Academic Advising: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Lectures & Terminology Clarification: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Laboratories: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

**Administrative Services**

Registration & Admission: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

University Housing: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Legal Support: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

**Health & Social Services**

Healthcare: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Psychological Counseling: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Cultural Integration: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

**Additional Notes:**

\_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**Form (5): Official Complaint Form for International Students**

Student Name: \_\_\_\_\_

Nationality: \_\_\_\_\_

Academic Department: \_\_\_\_\_

**Complaint Subject:**

\_\_\_\_\_

**Complaint Details:**

\_\_\_\_\_

**Concerned Department:**

- ☐ Housing  
☐ Academic Counseling  
☐ Academic Affairs  
☐ Health Services  
☐ Other: \_\_\_\_\_

**Attached Documents:**

- ☐ Photos  
☐ Official Documents  
☐ Reports

Student Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Administrative Use Only:**

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Receiving Staff Member: \_\_\_\_\_

**Action Taken:**

\_\_\_\_\_