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| **IICSE Evaluation Form**Send us the completed Form via email to: study@iicseuniversity.org  |
|  | **Full Names:** |  |  |
|  | **E-mail:** |  |  |
|  | **Nationality:** |  |  |
|  | **Present Country:** |  |  |
|  | **Program you want to study:**e.g. Bachelor of Arts, MBA, PhD |  |  |
|  | **Course you want to study:**e.g. Law, Accounting, Nursing, etc. |  |  |
|  | **Duration of Study:** |  |  |

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| **v.****Highest Educational Institution Attended.** |
| **School’s Name & Address:** |  |
| **Highest Qualification:** |  |
| **Year of Admission:** |  |
| **Overall Final Grade:**e.g. Cum Laude, Second Class , Upper, Lower, Credit, Pass, etc. |  | **Year of Graduation**:  |

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| v.**Additional Information (optional)** . |
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