Application form for training in Morocco
Academic year 2025/2026

****

All fields must be completed.

1- **Check the box corresponding to the requested cycle**

Bachelor's degree □ Master's degree □ Doctorate □ Medical specialty □

Others (to be specified) : .....

Photo

2- Have you ever received a training in Morocco: Yes □ No □

2-1. If yes, check the sector: Public □ Private □

1-1-1 If Public

- AMCI registration # : .....
- City: .....
- Institution : .....

Did you obtain a diploma: Yes □ No □

If yes:

- Name of the obtained diploma : .....
- Graduation year :.....

3- Identity: (as shown in your ID)

3-1. Type of ID: Passport □ Others □ : .....

3-2. ID number :.....

3-3. First name :.....

3-4. Last name :…..

3-5. Gender :.....

3-6. Date of birth (D/M/Y) :…..

3-7. Country of birth :.....

3-8. City of birth : .....

3-9. Nationality (Country): .....

4- Contact information:

4-1. Residence country :…..

4-2. City :… .....

4-3. Zip code: .....

4-4. Mailing address: .....

.....

4-5. Email address (E-mail) : .....

4-6. Phone (including indicative) :.....

5- Filiations:

5-1. First and Last name of father :… . .....

5-2. Occupation :.....

5-3. First and Last name of mother :…….....

5-4. Occupation :…..

5-5. First and Last name of guardian :…… .....

5-6. Occupation :…..

6- Educational background:

6-1. Details of high school studies (for all candidates)

School name: .....

Study program: .....

GPA: 1st year …… / 2nd year…….…….. / 3rd year……..

GPAX: .....

6-2. Details of higher education (for candidates of Master / Doctorate degrees)

Obtained diploma	Types of diploma (Sciences/Arts/… etc.)	Course/Major	Year	General average	Institutions

7- Training requested by order of preference (for all candidates):

Institutions	Branches	Cities	Degrees to be obtained

8- Do you accept a different training if it is offered to you? Yes □ No □

Note :

- **Incomplete files may not be considered the Moroccan side.**
- **Final provision of scholarship is completely and fully decided upon by the Moroccan side**.

Signature ……

(……..…….....….)

Date……..