**GTU STUDENT APPLICATION FORM**

**(Photo)**

***(original or digital photo)***

***For Student Mobility***

**ACADEMIC YEAR 20…./20….**

***This application has to be completed in computer. Please enclose your Transcript of records and/or Any Document indicating the language competency (TOEFL, YDS) or any other information that may enhance your application.***

**SENDING INSTITUTION**

|  |
| --- |
| *Gebze Technical University (Gebze Teknik Üniversitesi)*  Institutional coordinator - name, telephone, fax and e-mail:  *Prof. Dr. Işıl KURNAZ Tel:+90 262 605 15 78, Fax: +90 262 6538494, E-mail:* [*erasmus@gtu.edu.tr*](mailto:erasmus@gtu.edu.tr) |

**STUDENT’S PERSONAL DATA**

|  |  |
| --- | --- |
| First name: .......................................................  Surname (s): .....................................................  Place and Date of birth (dd/mm/yyyy): ...........................................................................  Gender: …….…......... Nationality:.................  T.C. Identification No (Only for Turkish Citizens): …………………..................................................  Current address:...................................................... ..........................................................................................................................................................................................................................................................................................................................  Tel.: ..........................Fax: ...................................  Mobile Tel.: ...........................................................  E-mail: ................................................................... | Faculty or Institute:…….……………………………  Department:…………….……………………………  Level: Under Graduate  Graduate PhD  Section (Class/Thesis): ………………..……………  Student Number: ……………..……………………..  Average Grade of Transcript:……………….……..  Permanent address (if different): ........................................................................................................................................................................................................................................................................................................................................................  Tel.:...................................................................  Fax: ..........................................................................  E-mail: ...................................................................... |
| **CONTACT PERSON IN EMERGENCY**  Name: …………………………………………… Surname: ………………………………………..…  Relationship to the applicant: ………………………………………………………………………..............  Telephone: ……………………………… E-mail: …………………………………………..………. | |

**EDUCATION (Please indicate your previous education beginning from high school)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | Name Of The School | City/Country | **Start Date** | **End Date** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |

**LANGUAGE COMPETENCE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mother language : ........................................... | | | | | | |
| Other languages | I am currently studying this language | | I have sufficient knowledge to follow the lectures | | I need to study further to be able to follow the lectures | |
|  | Yes | no | Yes | no | yes | No |
| ..........................  .......................... |    |    |    |    |    |    |

**LIST OF INSTITUTIONS WHICH YOU WILL APPLY (In order of preference):**

|  |  |  |  |
| --- | --- | --- | --- |
| Institution | Country | Period of study  Semester  (Fall and/or Spring) | # of expected ECTS credits  (30 ECTS for each semester) |
| 1……………………….…  2……………………….…  3……………………….… | …………….  …………….  ……………. | ............  ……….  ……..... | ...................................  ....................................  .................................... |

**OTHERS**

|  |
| --- |
| Number of higher education study years prior to departure abroad: ...................................................  Have you ever studied abroad? Yes  No   If Yes, when? List the names of institutions and countries? ..............................................................................................................................................................  Have you ever participated into a European Union Project? Yes  No   Please specify (Project name, country, dates, etc.)  ..............................................................................................................................................................  Have you ever been abroad? Yes  No   If Yes; In which country(countries)?……………………………..………………….………………  Do you have any disability? If Yes; please describe.  ..............................................................................................................................................................  Have you received any rewards, degrees, etc.? Please specify  ..............................................................................................................................................................  Do you have any special hobbies, activities, etc.? Please specify  .............................................................................................................................................................. |

|  |
| --- |
| **Briefly state the reasons why you wish to study abroad?**  …………………………………………………………………………………………………………..  …………………………………………………………………………………………………………..  …………………………………………………………………………………………………………..  …………………………………………………………………………………………………………..  …………………………………………………………………………………………………………..  …………………………………………………………………………………………………………..  …………………………………………………………………………………………………………..  ………………………………………………………………………………………………………….. |
| I certify that all the information provided in this form is correct and complete to the best of my knowledge.  Student’s Signature: …………………………….. Date (dd/mm/yyyy) …………………….. |
| Academic Advisor’s Name: ……………………..  Signature: Date (dd/mm/yyyy) ……………………..  Department Coordinator’s Name: ……………………..  Signature: Date (dd/mm/yyyy) …………………….. |

**ATTACHMENTS**: Please do not forget to attach the following documents to this form.

1. Transcript of records
2. Any document indicating the language competency (TOEFL, YDS)