**GEBZE TECHNICAL UNIVERSITY**

**(Photograph)**

**STUDENT APPLICATION FORM**

**ACADEMIC YEAR 20... /20... FIELD OF STUDY**:.......................................

***This application should be completed in BLACK and in CAPITAL LETTER in order to be easily copied, faxed or e-mailed. Please enclose your CV and Transcript of records and/or any other information that may enhance your application.***

**SENDING INSTITUTION**

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| --- |
| Name and full address:  Erasmus ID Code:  Departmental Coordinator - name, telephone, fax and e-mail.  .............................................................................................................................................................. ..............................................................................................................................................................  Institutional coordinator - name, telephone and e-mail:  *……………………………………………………………………………………………………………………..* |

**STUDENT’S PERSONAL DATA** *(To be completed by the student applying)*

|  |  |
| --- | --- |
| Family name: .....................................................  First name (s): ...................................................  Place and Date of birth (dd/mm/yyyy): ..........................................................................  Gender: …….…......... Nationality:..................  Maritual Status:.................................................  T.C. Identification No (Only for Turkish Citizens): …………………..................................................  Current address:...................................................... ............................................................................................................................................................................................................................................................................................................................  Current address is valid until: .................................  Tel.: ..........................Fax: ...................................  Mobile Tel.: ...........................................................  E-mail: ................................................................... | Faculty or Institute:…….……………………………  Department:…………….……………………………  Level:  Under Graduate  Graduate  PhD  Semester: ………………..………………………….  Section (Class/Thesis): ………………..……………  Student Number: ……………..……………………..  Average Grade of Transcript:……………….……..  Permanent address (if different): ............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................  Tel.:...................................................................  Fax: ..........................................................................  E-mail: ...................................................................... |

**CONTACT PERSON IN EMERGENCY**

|  |
| --- |
| Name: …………………………………………… Family Name: ………………………………………..…  Relationship to the applicant: ………………………………………………………………………..............  Telephone: ……………………………… E-mail: …………………………………………..……….  Address: ……………………………………………………………………………………………………………..…  ……………………………………………………………………………………………………………….. ……………………………………………………………………………………………………………….. |

**LANGUAGE COMPETENCE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mother language : ................... Language of instruction at home institution (if different): .............................. | | | | | | |
| 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 |
| ..........................  ..........................  .......................... | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 |

**WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of work experience  .………………………….………………………………..…………………………..……………………… | Firm/organization  ………………………….…………………………….…………………………….………………… | Dates  ……………….………………….………………….………. | Country  ……………………...………………………..………………………..……………………… |

**CURRENT STUDY**

|  |
| --- |
| Diploma/degree for which you are currently studying: ……………………….................................................  Number of higher education study years prior to departure abroad: ............................................................... |

**OTHERS**

Have you received any rewards, degrees etc.? Please specify.

………………………………………………………………………………………………………

Do you have any special hobbies, activities etc.? Please specify.

………………………………………………………………………………………………………

|  |
| --- |
| Do you have any disability? Yes  No   If Yes; Please Describe……………………………………. |

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| --- |
| **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) …………………….. |

**ATTACHMENTS**: Please attach the following documents to this form.

1. Transcript of records