**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* |

**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 PhDSection (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 studySemester (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...............................................................................................................................................................Are you the child of a martyr or a veteran?………………………………………………………………………………………………………..Have you received any rewards, degrees, etc.? Please specify..............................................................................................................................................................Do you have any special hobbies, activities, etc.? Please specify.............................................................................................................................................................. |

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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) …………………….. |
| 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)