# **EONARDO DA VINCI II**

**GEBZE TECHNICAL UNIVERSITY**

**erasmus2_en**

41400 Gebze/KOCAELİ TURKEY

Tel: +90 262 6051577

Fax: +90 262 6538494

**ACCOMMODATION APPLICATION FORM**

**PERSONAL DATA**

Family Name:

PHOTO

First Name:

Nationality:

Date of Birth:

Gender:

**Home University:**

**Faculty/Department:**

**Degree Studied For: ** Undergraduate **** Graduate **** PhD

**CONTACT INFORMATION IN HOME COUNTRY**

Street:

City:

Postcode:

Country:

Tel:

Mobile:

Fax:

E-mail:

**CONTACT PERSON IN CASE OF EMERGENCY**

Family Name:

First Name:

Tel:

Mobile:

**INFORMATION ABOUT HOUSING**

I’m Socrates Erasmus exchange student in: **** Fall Semester **** Spring Semester **** Both

Period of Stay: from **…./…../20….** till **…./…../20….**

Date of Arrival *(please be very accurate)*: **…./…../20….**

**ACCOMODATION PREFERENCES**

I would like to stay with a: **** Female **** Male **** Indifferent

I would like to stay with a: **** Smoker **** Non Smoker **** Indifferent

I would like to share the apartment with the following person(s):

(students name and surname)

**Others**

If you have any other requirements let us know and we will see what can we do for you. Please mention your requests below:

……………………………………………………………………………………………………………..

**DO YOU HAVE ANY DISABILITY OR SPECIAL NEEDS**

Are you disabled or do you have a medical condition which should be given special consideration? **** Yes **** No Do you have difficulty with stairs? **** Yes **** No

Would ground-floor accommodation be better for you? **** Yes **** No

Are you a wheelchair user? **** Yes **** No

Do you need to use any special electrical equipment? **** Yes **** No

Do you need continuous medication? **** Yes **** No

Are there any other factors/needs which should be taken into account? …………………......................................

Place and date:……………… Student’s Signature:…………………………………….

**Please return this application form with other Erasmus application forms to:**

Gebze Teknik Üniversitesi

AB Erasmus Ofisi

P.K141 41400 Gebze/KOCAELİ

TURKEY

Fax : +90 262 6538494

E-mail : [erasmus@gyte.edu.tr](mailto:erasmus@gyte.edu.tr)

**FOR OFFICE USE ONLY**

Place:

Room Number: