**(Complete the form on computer)**

We highly recommend to start to fill this form by getting in touch with your departmental coordinator.

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| --- | --- |
| **Deadline for Receipt of Applications for Erasmus Incoming Students** | |
| **Academic Year** | **2020-2021** |
| **Fall Semester** | **30th June** |
| **Spring Semester** | **30th December** |

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| --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | | **PHOTO** |
| **Name and Surname** |  | | |  |
| **Citizenship ID Number OR Passport No** |  | | **(…/… /20... - date of expiry)** |
| **Date and Place of Birth** |  | | |
| **Home Address** |  | | |
| **E-Mail** |  | | |
| **Gender** | **Female** | **Male** | |
| **Phone (Home)** |  | | |
| **Phone (GSM)** |  | | |

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| **ACADEMIC INFORMATION** | |
| **Name of Institution & Erasmus ID Code** |  |
| **Faculty/Institute** |  |
| **Department** |  |
| **Do you suffer from any disabilities?** |  |
| **Current CGPA**  **(Cumulative Grade Point Average)** | **… out of 4.00** |
| **Language Level certified by your institution or International Exams** |  |

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| --- | --- | --- | --- |
| **Institutional Coordinator (Sending Institution)** | | **Departmental Coordinator (Sending Institution)** | |
| **Name & Surname** |  | **Name & Surname** |  |
| **Phone** |  | **Phone** |  |
| **E-mail** |  | **E-mail** |  |
| **Date & Signature** |  | **Date & Signature** |  |

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| --- | --- | --- | --- | --- |
| **APPLICATION** | | | | |
| **Semester to be studied** |  | | | |
| **Study Cycle** | Associate Degree | Bachelor’s Degree | Master’s Degree | Doctoral Degree |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **LANGUAGE COMPETENCE** | | | | | | | |
| **Mother Tongue** | | | |  | | | |
| **Language of instruction at home institution (if different)** | | | |  | | | |
| **Other languages** | **I am currently studying this language** | | **I have sufficient knowledge to follow lectures** | | | **I would have sufficient knowledge to follow lectures if I had some extra preparation** | |
| **Yes** | **No** | **Yes** | | **No** | **Yes** | **No** |
| 1) … |  |  |  | |  |  |  |
| 2) … |  |  |  | |  |  |  |

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| --- |
| **ATTACHMENTS**  **Please return the forms below via mail to:** [**ulik@bartin.edu.tr**](mailto:ulik@bartin.edu.tr) |
| 1. Transcript of Records 2. Photo 3. Language Certificate |

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| --- |
| **I certify that all the information provided in the application form is correct and complete to the best of my knowledge.**  **Student’s Signature:**  **Date:** |

**REVİZYON BİLGİLERİ**

|  |  |  |
| --- | --- | --- |
| Revizyon  No | Revizyon  Tarihi | Revizyon Açıklaması |
| 0 | - | İlk yayın. |