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**ERASMUS+ EXCHANGE PROGRAMME**

**STUDENT APPLICATION FORM**

**ACADEMIC YEAR:**

**TERM :** Fall Spring Fall+spring

(This form should be filled on the computer)

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|  **STUDENT'S PERSONAL DATA** |
| First Name(s): |  | Family Name: |  |
| Date of Birth: |  | Place of Birth: |  |
| Father’s Name |  | Mother’s Name |  |
| Gender |  | Citizenship/Nationality: |  |
| Passport Number |  |
| Telephone: |
| E-mail: |
| Current Address |  | Permanent Address *(If different)* |  |
| Person(s) to contact in case of emergency*(Name; relationship to applicant, address; phone including area code):* |

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| **SENDING INSTITUTION** |
| Name and Full Address |  | Erasmus Code |  |
| Field of Study |  | Subject Area Code |  |
| Level of Study |  |
| Have you ever studied abroad?(If yes, when and where: name of institution, city, country) | http://www.surveymonkey.com/i/t.gifYes http://www.surveymonkey.com/i/t.gifNo |
| Institutional Coordinator |  | Tel-FaxE-Mail |  |
| Departmental Coordinator |  | Tel-FaxE-Mail |  |
| Contact Person |  | Tel-FaxE-Mail |  |

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| **RECEIVING INSTITUTION**  |
| Name and Full Address | University of Samsun International Relations OfficeGürgenyatak Mh. CANİK Campus 55080Samsun /TURKEY  | TR SAMSUN03 |
| Faculty and Department you plan to enroll at Sakarya University |   |
| Study level |  |
| Duration of stay (in month)s: |  |
| Intended date of arrival (Date/Month/Year) |  |
| Period of Study Date | From To(mm/yyyy) (mm/yyyy) |

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| **WORK EXPERIENCE RELATED TO CURRENT STUDY** |
| Type of work experience | Firm/Organisation | Date | Country |
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| **LANGUAGE SKILLS** |
| Mother Language |  | Language of Instruction at home university |  |
| Please rate your language skills as “A1, A2, B1, B2, C1, C2”. Include all languages in which you have some proficiency.  |
| Foreign Language | Reading | Writing | Speaking | Listening |
| Turkish |  |  |  |  |
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| Do you have any qualifications in Foreign Language Tests/Exams (e.g. EFL, TOEFL, IELTS, TestDaF) ? If you have, please write below (when and where obtained). |

Briefly state the reasons why you wish to study at University of Samsun/Turkey.

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| **ENCLOSURE****Please attach the following to the completed form:**• Transcript of Records • Learning Agreement • 2 passport size photos • Copy of your passport  |

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| **APPROVALS** |
| **Applicant**: I certify that all the information provided in the application form is correct and complete to the best of my knowledge***.*** |
| Student’s Name & Signature | Date: - - / - - / - - - - |
| **Sending Institution**: The mentioned applicant is nominated for exchange with the framework of Erasmus+ Programme |
| Date: - - / - - / - - - - | International Office of the Sending InstitutionResponsible Person’s Signature and Stamp |
| **Receiving Institution**: We hereby acknowledge receipt of the application, the proposed Learning Agreement and the candidate's Transcript of Records.The students who is mentioned above is http://www.surveymonkey.com/i/t.gifprovisionally accepted at our institution  http://www.surveymonkey.com/i/t.gifnot accepted at our institution. |
| Departmental Coordinator Tel./fax : E-mail : Address :  Signature : | University of Samsun   Institutional Coordinator: Dr. Mete SİPAHİOĞLU T   : +90 362 313 00 55 Fax : +90 362 313 02 00 e-mail : erasmus@samsun.edu.trAddress : **Samsun Universitesi**Gürgenyatak Mh. Merkez Sk. No. 40-2/1. 55080Samsun /TURKEY Signature: |
| Date: - - / - - / - - - - | Date: - - / - - / - - - - |