**………………….........UNIVERSITY**

**2018/2019 ACADEMIC YEAR**

**STUDENT APPLICATION FORM**



**ADI SOYADI:** ………………………………………………………..  
**NAME-SURNAME**

**FOTO**

**(PHOTO)**

**TC KİMLİK NO:** ……………………………………..……………….  
**IDENTIFICATION NUMBER**

**BÖLÜMÜ:** ………………………….…………………………………

**DEPARTMENT  
  
ÖĞRENCİ NO:** …………………………..…………………………..

**STUDENT ID**

|  |
| --- |
| **GÖNDEREN KURUM (HOME INSTITUTION)** |
| **Adı ve Adresi** (**Name and Address)**  ....................................................................................................................................................  ....................................................................................................................................................    **Kurum Koordinatörü (Institutional Coordinator)**  **Adı, telefon numarası, faks ve e-posta: (Name, Phone Number, Fax and E-mail)**  ...................................................................................................................….............................  ....................................................................................................................................................  ....................................................................................................................................................    **Bölüm Koordinatörü (Departmental Coordinator)**  **Adı, telefon numarası, faks ve e-posta: (Name, Telephone Number, Fax and E-mail)**  ....................................................................................................................................................  ....................................................................................................................................................  .................................................................................................................................................... |

**ÖĞRENCİ BİLGİLERİ (STUDENT INFORMATION)**

(Başvuran Öğrenci tarafından doldurulacak) (To be filled in by Applicant Student)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Soyadı Surname** | |  | | **Adres:**  **Address** |
| **Adı**  **Name** | |  | |
| **Doğum Tarihi: Date of Birth (gg.aa.yyyy)** | |  | |
| **Cinsiyet**  **Gender**  **( E / K ) ( M / F )** |  | **Uyruk**  **Nationality** |  |
| **Doğum Yeri**  **Place of Birth** | |  | |
| **Telefon Telephone** | |  | |
| **E-posta E-mail** | |  | |
| **Devam edilen diploma derecesi (Ön lisans, Lisans, Yüksek Lisans, Doktora vb.)**  **On-going Diploma degree (Associate Degree, Bachelor Degree, MA, PhD etc.)** | | | |  |
| **Sınıf**  **Year of study** | | | |  |
| *Ekteki not dökümünde öğrenciliğimin mevcut durumu hakkında ayrıntılı bilgiler görülebilir. Başvuru esnasında bilinmeyen hususlar daha sonra bildirilecektir.*  ***Detailed information on my current academic situation can be seen in the enclosed transcript. Uncertain matters during the application will be declared later.*** | | | | |

**LANGUAGE PROFICIENCY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Öğrencisi olunan bölümde öğretim dili (Türkçeden başka bir dil ise):  Instruction language of the student’s department (If different from Turkish): | | | | |
| **Yabancı Dil**  **(Foreign Language)** | **Zayıf**  **(Weak)** | **Orta**  **(Average)** | **İyi**  **(Good)** | **Mükemmel (Excellent)** |
| ……………........  Mevlana logo-ing-sb ……………........  ………..………… | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 |

|  |  |
| --- | --- |
| I hereby declare that all information in the application form is correct and completed to the best of my knowledge | |
| **Öğrencinin imzası : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**  **Student’s Signature** | **Tarih : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Date** |

|  |  |
| --- | --- |
| There is no objection for the candidate student to participate in Mevlana Exchange Programme | |
| **Bölüm Koordinatörünün imzası: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**  **Departmental Coordinator’s Signature** | **Tarih: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**  **Date** |
| **Kurum Koordinatörünün imzası: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**  **Institutional Coordinator’s Signature** | **Tarih: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**  **Date** |