

**Application Form for INCOMING Exchange Students**

**2017 – 2018 Academic Year**

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| **I - PERSONAL INFORMATION**  |
| Surname |       |
| Name (First / Middle) |       |
| Passaport Number: |  |
| Sex | [ ]  Female [ ]  Male |
| Date of Birth (Day/Month/Year) |      /     /      |
| Citizenship(s) |       |
| Mother’s Name |       |
| Father’s Name |  |
| **Home University** |  |
| Department / Program at Home University |  |
| Cycle | [ ]  Vocational [ ]  Bachelor [ ]  Master [ ]  PhD. |
| Current Semester *(ex: 1st, 2nd…7th etc.)* |       |
| Do you have any disability?*(If the answer is YES, please explain the assistance you need)* | [ ]  Yes [ ]  No |
| **Contact Details** |
| Postal / Home Address |       |
| E-mail(s) |       ,       |
| Mobile Phone Number |  |
| **Whom would you like to be contacted in the case of an emergency?** |
| Surname |       |
| Name (First / Middle) |       |
| Relation to the Applicant  |       |
| Telephone (Home / Mobile)  |       /       |
|  |
| **II. INFORMATION ON YOUR STUDY PERIOD at IKU** |
| **Type of Mobility** | [ ]  Erasmus + [ ]  Bilateral Agreement |
| **Duration of Mobility**  | [ ]  **One Semester** ( [ ]  Fall [ ]  Spring)[ ]  **Two Semesters** |
| **Which department will you be enrolled at IKU?** |
|  |
| I can take courses thought in Turkish  | [ ]  Yes [ ]  No |
| Will you join the Orientation Programme\*?  | [ ]  Yes [ ]  No |
| Are you planning to stay at IKU’s dormitories\*\*? | [ ]  Yes [ ]  No |
| I would like to take a Turkish Course to learn Turkish ( Turkish course is 2 credits )  | [ ]  Yes [ ]  No |
| ***\* Every academic year, two orientation programs (one for Fall Semester, one for Spring Semester) are organized for exchange students. In general they are organized one week before the start of the semester. The detailed announcement about orientation programme will be provided to students separately.*** ***\*\* please find the detailed information about dormitories via*** <http://www.iku.edu.tr/ENG/2/283595/dormitories.html>  |
| **V. APPROVAL OF APPLICATON**  |
| [ ]  **I, hereby confirm that all information in my application is complete and accurate.**[ ]  **My contact information can be shared within the university *(e.g: Erasmus Club, Academic Department Clubs etc)***[ ]  **I accept that in the case i send my application form without my sending institution signature, it is not going to be valid.****Date: …./…./…. Date:…./…../…….****Student Signature: ………… Sending Institution Signature:…………..** **Seal:.……………………** |