**OSMANİYE KORKUT ATA UNIVERSITY ERASMUS OFFICE**

**ERASMUS APPLICATION FORM**

**Incoming Erasmus Students Academic**

**Year …………………….**

Passport Photo

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| **1. FIELD OF STUDY:** |

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| **2. STUDENT’S PERSONAL DATA** |
| **Family Name:** |  | **First Name:** |  |
| **Date of Birth:** |  | **Place of Birth:** |  |
| **Sex:** | Female **□** | Male **□** | **Nationality:** |  |

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| **3. STUDENT’S CURRENT ADDRESS** |
| **Street / House Number:** |  |
| **Postal Code:** |  | **City:** |  |
| **Country:** |  | **Tel:** |  |

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| **4. STUDENT’S PERMANENT ADRESS (if different)** |
| **Street / House Number:** |  |
| **Postal Code:** |  | **City:** |  |
| **Country:** |  | **Tel:** |  |
| **E-mail:** |  |
| **Cell Phone:** |  |

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| **5. INSTITUTION DATA (SENDING INSTITUTION)** |
| **Name of your University:** |  |
| **Institutional Erasmus Code:** |  | **Country:** |  |

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| **6. INSTITUTIONAL ERASMUS COORDINATOR (Sending Institution)** |
| **Name:** |  |
| **Address:** |  |
| **Tel:** |  | **Fax:** |  |
| **E-mail:** |  |

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| **7. DEPARTMENTAL ERASMUS COORDINATOR (Sending Institution)** |
| **Name:** |  |
| **Address:** |  |
| **Tel:** |  | **Fax:** |  |
| **E-mail:** |  |

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| **8. RECEIVING INSTITUTION (to be filled by receiving institution)** |
| **University** | **Country** | **Erasmus Code** | **Period of Study** | **Duration** |
| **From** | **To** |
| Osmaniye Korkut Ata University | TURKEY |  | …./…./…….. | …./…./…….. | ….. months |
| **Briefly state the reason why you wish to study in Osmaniye Korkut Ata University (in English):** |
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| **9. LANGUAGE COMPETENCE** |
| **Mother Tongue** |  |
| **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** |
| **Turkish** | **□** | **□** | **□** | **□** | **□** | **□** |
| **English** | **□** | **□** | **□** | **□** | **□** | **□** |
| **……………** | **□** | **□** | **□** | **□** | **□** | **□** |
| **I hereby declare that the above-mentioned data is correct.**Date: Place: Student’s signature: |

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| **10 CONFIRMATIONS** |
| **Departmental Coordinator (name, sign):** | **Institutional Coordinator (name, sign and stamp):** |
|  |  |
| **Please send signed, stamped and scanned application form to:**For any queries, please do not hesitate to contact:Tel: Fax:Web: E-mail: |