

**Photo**



**STUDENT APPLICATION FORM**

**ERASMUS+ PARTNER COUNTRIES**

|  |  |
| --- | --- |
| Academic Year: 2018/2019 Fall Term | |
| Student’s Name: | |
| **Receiving Institution** | Name of the Institution : **ANADOLU UNIVERSITY**  Erasmus+ ID Code : **TR ESKISEH01** |
| Study Period : Fall Semester Spring Semester |
| Duration of stay in months: **4** Intended month of arrival: **September** Intended month of departure: **January** |
| **Erasmus+ Institutional Coordinator** |
| Name : **Assoc. Prof. Dr. Özgür Yıldırım** |
| Address : **Anadolu University, Office for International Affairs, 26470, ESKISEHIR/TURKEY** |
| Telephone: **+90 222 330 74 37** Fax: **+90 222 330 74 37** E-mail: **uib@anadolu.edu.tr** |
| **Departmental Coordinator** |
| Name : |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sending Institution** | Name of the Institution :  Erasmus+ ID Code : | | |
| **Erasmus+ Institutional Coordinator** | | |
| Name : | | |
| Address : | | |
| Telephone: | Fax: | E-mail: |
| **Departmental Coordinator** | | |
| Name : | | |
| Address : | | |
| Telephone: | Fax: | E-mail: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student’s Personal Details** | First Name : | | | |
| Family Name : | | | |
| Place of Birth : | Date of Birth: | | Sex: M  F |
| Citizenship/Nationality: | | Student ID Number: | |
| Current Address : | | | |
| Telephone: | E-mail: | | This address valid until: |
| Permanent Address: | | | |
| Telephone: | E-mail: | | This address valid until: |
| Person(s) to contact in case of emergency (Name; address; phone including area code; relationship to applicant) : | | | |
| Any Disability/Special Needs: | | | |
| Current studying degree: Bachelor  Master  PhD. | | | |
| Field/ Subject of study: | | | |
| Number of higher education study years prior to departure abroad : | | | |
| Have you ever studied abroad? Yes  No  Name of institution/city/country? : | | | |
| Have you ever studied as a student of LLP/Erasmus+ in your current study cycle?  Yes  No  If yes;  Period of study: ….. months | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **GPA** | **Please enclose your Transcript of Records.**  **Current GPA :** | | | |
| **Language Proficiency** | Rate your language skills. Include all languages in you have some proficiency. Also indicate your native language. (Rate: Good / Excellent / Poor) **Please enclose your Language Certificate.** | | | |
| Native: | Reading: | Writing: | Speaking: |
| Language: | Reading: | Writing: | Speaking: |

We highly recommend starting to fill the "student learning agreement" from by getting in touch with your departmental coordinator

I certify that all the information provided in the application form is correct and complete to the best of my knowledge.

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_/\_\_/20\_\_

Sending Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_/\_\_/20\_\_

|  |  |
| --- | --- |
| **Mailing Address** | Anadolu University, Office for International Affairs, 26470, Eskisehir/TURKEY |
| Telephone: **+90 222 335 05 80** External: 4472 Direct:**+90 222 330 74 37** Fax: **+90 222 330 74 37** E-mail: **uib@anadolu.edu.tr** |