

**Photo**

 

**STUDENT APPLICATION FORM**

**ERASMUS+ PARTNER COUNTRIES**

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| Academic Year: 2023/2024 Fall Term |
| Student’s Name: |
| **Receiving Institution** | Name of the Institution : **ANADOLU UNIVERSITY**Erasmus+ ID Code : **TR ESKISEH01** |
| Study Period : [x] Fall Semester [ ] Spring Semester |
| Duration of stay in months: **4** Intended month of arrival: **September** Intended month of departure: **January** |
| **Erasmus+ Institutional Coordinator** |
| Name : **Prof. Dr. Bilge Kağan ÖZDEMİR** |
| Address : **Anadolu University, Office for International Affairs, 26470, ESKISEHIR/TÜRKİYE** |
| Telephone: **+90 222 330 74 37** Fax: **+90 222 330 74 37** E-mail: **uib@anadolu.edu.tr** |
| **Departmental Coordinator** |
| Name : |

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| **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: |

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| --- | --- |
| **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 [ ]  NoName of institution/city/country? :  |
| Have you ever studied as a student of LLP/Erasmus+ in your current study cycle? [ ]  Yes [ ]  NoIf yes;Period of study: ….. months  |

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| **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\_\_

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| --- | --- |
| **Mailing Address** | Anadolu University, Office for International Affairs, 26470, Eskisehir/TURKEY |
| Telephone: **+90 222 335 05 80** External: 4461 Direct:**+90 222 330 74 37**Fax: **+90 222 330 74 37** E-mail: **uib@anadolu.edu.tr** |