

**ERASMUS+ KA171 INCOMING STUDENT APPLICATION FORM**

ACADEMIC YEAR: 20(24)-20(25)

**Student Personal Data**

|  |  |  |
| --- | --- | --- |
| **Family Name** |  |  |
| **First Name** |  |
| **Date of Birth** |  |
| **Place of Birth** |  |
| **Nationality** |  |
| **Sex** |  |
| **E-mail address** |  |
| **Mobile Phone** |  |
| **Permanent Address:** |  |

**Sending Institution**

|  |  |
| --- | --- |
| **Departmental Coordinator** |  |
| **Name:** |  |
| **E-mail:** |  |
| **Signature:** |  |
|  |
| **Institutional Coordinator** |  |
| **Name:** |  |
| **E-mail:** |  |
| **Signature:** |  |

**Receiving Institution**

|  |  |
| --- | --- |
| **Name** | Eskisehir Technical University |
| **Erasmus Code** | TR ESKISEH03 |
| **Country** | Turkey |
| **Faculty you will study in receiving institution** |  |
| **Department you will study in receiving institution** |  |
| **Period of Study:** |  |
| **From:** |  |
| **To:** |  |

**Language Competence**

|  |  |
| --- | --- |
| **Mother Tongue** |  |
| **The Educational Language in Your Home Institution** |  |
| **Language Certificate** |  |
| **Language Score (out of 100 points)** |  |

**Previous and Current Study**

|  |  |
| --- | --- |
| **Department you attend in your country:** |  |
| **Diploma/degree for which you are currently studying:** | Bachelor / MA / PHD |
| **Number of higher education study years prior to departure abroad:** |  |
| **Have you already been studying abroad?** |  |
| **If yes, when and at which Institution:** |  |

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| **I herewith confirm that the information given is correct and complete.** |
| **Student signature** |  |
| **Date** |  |

 **Receiving Institution**

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| We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate’s Transcript of records. |
| The above-mentioned student is;  |  |
| Departmental Coordinator  | Institutional Coordinator Signature |
| Name |  | Name  | Prof. Dr. Saye Nihan ÇABUK |
| Date |  | Date |  |
| Signature |  | Signature |  |

**HOUSING APPLICATION FORM**

|  |  |
| --- | --- |
| **Family Name** |  |
| **First Name** |  |
| **Date of Birth** |  |
| **Place of Birth** |  |
| **Nationality** |  |
| **Sex** |  |

|  |  |
| --- | --- |
| Any Disability/Special Needs |  |
| Did you have any allergic or infectious illness (describe)?: |  |
| Do you smoke | Yes: ….. No: ….. |
| Which gender should be your flat-mate: | Male: ….. Female: ….. Does not matter: ….. |
| Special dietary: |  |
| How many people do you want to share the flat withIf you want to share your flat with your friend(s), please specify | : ………………….: …………………… |
| Do you want to share your room | Yes: …… No:…….  |

\*The most appropriate match will be tried to arrange for you according to your preferences.

\*This accommodation will be your permanent place!

|  |  |
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| **Mailing Address** | Eskişehir Teknik Üniversitesiİki Eylül Kampüsü Uluslararası İlişkiler Birimi26555 Tepebaşı / ESKİŞEHİR TÜRKİYE |
| Telephone: +90 222 213 7504 External: 7504E-mail: uib@eskisehir.edu.tr |

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| --- |
| **I herewith confirm that the information given is correct and complete.** |
| **Student signature** |  |
| **Date** |  |