**(Photo)**

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**DUMLUPINAR UNIVERSITY**

**ERASMUS+ STUDENT PLACEMENT**

**APPLICATION FORM**

**ACADEMIC YEAR 20... / 20...**

**FIELD OF STUDY**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THIS APPLICATION FORM SHOULD BE COMPLETED **IN BLACK AND IN CAPITAL LETTERS** IN ORDER TO BE EASILY COPIED, FAXED OR E-MAILED. PLEASE ENCLOSE YOUR LETTER OF INTENTION AND TRANSCRIPT OF RECORDS AND/OR ANY OTHER INFORMATION THAT MAY ENHANCE YOUR APPLICATION.

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| **SENDING INSTITUTION** | | | | | | | | | | | | | | | | |
| **Name and Full Address:** DUMLUPINAR UNIVERSITY  EVLİYA ÇELEBİ KAMPÜSÜ TAVŞANLI YOLU 10. KM. 43100 KÜTAHYA / TÜRKİYE  **Erasmus ID Code:** TR KUTAHYA01 | | | | | | | | | | | | | | | | |
| **Department Coordinator Information**  **Name:**  **Telephone:**  **Fax:**  **E-mail:** | | | | | | | | | | | | | | | | |
| **Institutional Coordinator Information**  **Name:** PROF. DR. MEHMET TEVFİK BAYER  **Telephone:** +90 274 265 2031 **Fax:** +90 274 265 2133 **E-mail:** iro@dumlupinar.edu.tr | | | | | | | | | | | | | | | | |
| **STUDENT’S PERSONAL DATA (To be completed by the student applying)** | | | | | | | | | | | | | | | | |
| **Family name** |  | | | | | | | **Marital Status** | | | | |  | | | |
| **First name (s)** |  | | | | | | | **Faculty or Department** | | | | |  | | | |
| **Date of birth (dd/mm/yyyy)** |  | | | | | | | **Average Grade of Transcript** | | | | |  | | | |
| **Place of Birth** |  | | | | | | | **Student Number** | | | | |  | | | |
| **Gender** |  | | | | | | | **Semester** | | | | |  | | | |
| **Nationality** |  | | | | | | | **T.C. Identification No (Only for Turkish Citizens)** | | | | |  | | | |
| **Current address:** | | | | | | | | **Permanent address (if different):** | | | | | | | | |
| **Current address is valid until** |  | | | | | | |
| **Tel** |  | | | | | | | **Tel** | | | | |  | | | |
| **Fax** |  | | | | | | | **Fax** | | | | |  | | | |
| **E-mail** |  | | | | | | | **E-mail** | | | | |  | | | |
| **CONTACT PERSON IN EMERGENCY** | | | | | | | | | | | | | | | | |
| **Name and Family Name** | | |  | | | | | **Telephone** | | | | |  | | | |
| **Relationship to the applicant** | | |  | | | | | **E-mail** | | | | |  | | | |
| **Address** | | |  | | | | | | | | | | | | | |
| **THE INSTITUTIONS WHICH YOU WILL APPLY:** | | | | | | | | | | | | | | | | |
| **Institution** | | | | | | **Country** | | | | **Period of study**  **(dd/mm/yyyy)** | | | | | **Duration of stay (months)** | |
| **from** | **to** | | | |
|  | | | | | |  | | | |  |  | | | |  | |
| (Please enclose further information document about institution) | | | | | | | | | | | | | | | | |
| **LANGUAGE COMPETENCE** | | | | | | | | | | | | | | | | |
| Mother language : \_\_\_\_\_\_\_\_\_\_\_ Language of instruction at home institution (if different): \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| **Other languages** | | **I am currently studying this language** | | | | | **I have sufficient knowledge to conduct my training** | | | | | **I need to study further to be able to conduct my training** | | | | |
| **Yes** | | | **No** | | **Yes** | | | **No** | | **Yes** | | | | **No** |
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| **WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)** | | | | | | | | | | | | | | | | |
| **Type of work experience** | | | | **Firm/organization** | | | | | **Dates** | | | | | **Country** | | |
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| **PREVIOUS AND CURRENT STUDY** | | | | | | | | | | | | | | | | |
| Diploma/degree for which you are currently studying: | | | | | | | | | | | | | | | | |
| Have you ever studied abroad? Yes 🞏 No 🞏  If Yes, when? List the names of institutions and countries? | | | | | | | | | | | | | | | | |
| Do you have any disability? Yes 🞏 No 🞏  If Yes;  Please Describe: | | | | | | | | | | | | | | | | |
| Have you ever been abroad? Yes 🞏 No 🞏  If Yes;  In which country: | | | | | | | | | | | | | | | | |
| **BRIEFLY STATE THE REASONS WHY YOU WISH TO STUDY ABROAD?** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| I certify that all the information provided in this form is correct and complete to the best of my knowledge.  Student’s Signature: Date (dd/mm/yyyy): | | | | | | | | | | | | | | | | |

**Students must submit original forms to their related Departmental Coordinators and a copy of the original forms to International Relations Office before deadline.**

**Applications without photograph and signature will be invalid!**