****

**(Photo)**

**KÜTAHYA DUMLUPINAR UNIVERSITY**

**INTERNATIONAL CREDIT MOBILITY
INCOMING STUDENT APPLICATION FORM**

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

**FIELD OF STUDY**: **……………………………………………………………....**

**THIS APPLICATION FORM SHOULD BE COMPLETED ONLINE. DOCUMENTS FILLED MANUALLY WILL NOT BE ACCEPTED. PLEASE ENCLOSE YOUR TRANSCRIPT OF RECORDS AND LEARNING AGREEMENT TO YOUR APPLICATION.**

|  |
| --- |
| **STUDENT’S PERSONAL DATA (To be completed by the student applying)** |
| **Name and Surname** |  | **Permanent Address:**  |   |
| **Date of Birth****(dd/mm/yyyy)** |  | **Permanent Address Is Valid Until** |  |
| **Place of Birth** |  | **Tel** |  |
| **Gender** |  | **Fax** |  |
| **Nationality** |  | **E-mail** |  |
| **Mother’s Name** |  | **Current Address**  |  |
| **Father’s Name** |  | **Current Address Is Valid Until** |  |
| **Faculty or Department** |  | **Tel** |  |
| **Average Grade of Transcript** |  | **Fax** |  |
| **Student Number** |  | **E-mail** |  |
| **Semester** |  |  |  |
| **ID Number** |  |  |  |
| **CONTACT PERSON IN EMERGENCY** |
| **Name and Surname** |  | **Telephone**  |  |
| **Relationship to the Applicant** |  | **E-mail** |  |
| **Address** |  |
| **LANGUAGE COMPETENCE** |
| Mother Tongue: Language of instruction at home institution (if different):  |
| **Other Languages** | **I am currently studying this language** | **I have sufficient knowledge to follow the lectures** | **I need to study further to be able to follow the lectures** |
| **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
|  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Diploma/degree for the department you are currently studying:  |
| Number of the higher education study years prior to departure abroad:  |
| 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: |
| **STUDY PERIOD** |
| I am an exchange student for: | Only the 1st Semester | Only the 2nd Semester | Full Academic Year |
|  |  |  |
| **Date of Arrival (very important):**  |
| I certify that all the information provided in this form is correct and complete to the best of my knowledge.**Student’s Signature: Date:** |
| **SENDING INSTITUTION** |
| Name and Full Address |  |
| Erasmus ID Code |  |
| **DEPARTMENTAL COORDINATOR INFORMATION** |
| Name and Surname |  |
| Telephone |  |
| Fax |  |
| E-mail |  |
| Signature:  | Date: |
| **INSTITUTIONAL COORDINATOR INFORMATION** |
| Name and Surname |  |
| Telephone |  |
| Fax |  |
| E-mail |  |
| Signature:  | Date and Stamp : |
| **RECEIVING INSTITUTION** |
| Name and Full Address | KÜTAHYA DUMLUPINAR UNIVERSITYEvliya Çelebi Kampüsü. Tavşanlı Yolu 10. Km. 43100. Kütahya/TÜRKİYE |
| Erasmus ID Code | TR KUTAHYA01 |
| **INSTITUTIONAL COORDINATOR INFORMATION** |
| Name and Surname | ASST. PROF. M. YUNUS ŞİŞMAN |
| Telephone | +90 274 443 16 86 |
| Fax |  |
| E-mail | ka107@dpu.edu.tr |
| Signature:  | Date and Stamp : |

Please send your **Application Form** and confirmed **Learning Agreement (LA)** to the following e-mail address: ka107@dpu.edu.tr

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