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**(Photo)**

**KÜTAHYA DUMLUPINAR UNIVERSITY   
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** |
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|  | 🞏 | 🞏 | 🞏 | | 🞏 | 🞏 | | 🞏 |
| 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 UNIVERSITY  Evliya 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 | | | |  | | | | |
| Fax | | | |  | | | | |
| E-mail | | | | international@dpu.edu.tr | | | | |
| Signature: | | | | Date and Stamp : | | | | |

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

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