ERASMUS+ KA107 PROGRAMME

MOBILITY FOR TRAINEESHIP

APPLICATION FORM

|  |  |
| --- | --- |
| Name |  |
| Surname |  |
| ID Number |  |
| Student Number |  |
| Gender |  |
| Date and Place of Birth |  |
| Nationality |  |
| Faculty |  |
| Department |  |
| Year of study | Bachelor / Master / PhD |
| GPA (at the time of application) | /100 |
| Foreign Language proficiency (English or Turkish) | /100 |
| Address |  |
| Telephone |  |
| E-mail |  |
| Disabled student | Yes  No |
| Student under protection of the state | Yes  No |
| Student of disadvantaged background | Yes  No |
| Have you ever participated in an Erasmus+ programme? | Yes  No |
| If the above answer is yes, | KA107 Mobility for studies / Mobility for traineeship  Academic Year :  Length of time: |

I certify that the information given above is correct.

|  |
| --- |
| Name and surname of the Applicant Signature Date |

DOCUMENTS TO BE ATTACHED TO THE APPLICATION FORM:

1. Up to date Transcript of Records
2. Photocopy of ID / Passport

* Documents should **NOT** be filled in by hand.
* The results will be published on the university’s website.

***Please fill in this form until***

***19.03.2023***

***with the required to document to Vice-Dean for Scientific Research and International Cooperation Office***