**
STUDENT APPLICATION FORM**

Photo

Academic Year: **2018 / 2019**

Deadline for receipt of applications: **Fall: 01/06/2018 Spring: 01/12/2018**

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| **Host (Receiving) Institution** |
| **Name of the Institution: KIRKLARELI UNIVERSITY** **Erasmus Code: TR KIRKLAR01** |
| **Study Period:** **[ ]  Fall Semester** **[ ]  Spring Semester Duration of stay (months): \_\_\_\_\_\_**  |
| **Intended month of arrival: \_\_\_\_\_\_ Intended month of departure: \_\_\_\_\_\_** |
| ***Erasmus+ Institutional Coordinator*** |
| **Name: Dr. ÖZEN ÖZER Tel: +90 288 212 69 52 E-mail: erasmus@klu.edu.tr** |
| ***Departmental Coordinator*** |
| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **Home (Sending) Institution** |
| **Name of the Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Erasmus Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| ***Erasmus+ Institutional Coordinator*** |
| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| ***Departmental Coordinator*** |
| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |
| **The Student** |
| **Name Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_ /\_\_\_ /\_\_\_\_\_\_\_\_\_ Gender: [ ]  M [ ]  F** |
| **Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Current Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Person(s) to contact in case of emergency (Name; address; phone; relationship to applicant):** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Any Disability/Special Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Current studying degree:** **[ ]  Graduate** **[ ]  Under-graduate** **[ ]  Post-graduate** **[ ]  Doctorate**  |
| **Field / Subject of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Number of higher education study years prior to departure abroad : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years** |
| **Have you ever studied abroad?** **[ ]  Yes** **[ ]  No****Name of institution/city/country? : (if yes) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Rate your language skills. Include all languages in you have some proficiency. Also indicate your native language as Good / Excellent / Poor.** |
| Native : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reading: \_\_\_\_\_\_\_\_\_\_ Writing: \_\_\_\_\_\_\_\_\_\_ Speaking: \_\_\_\_\_\_\_\_\_ |
| Language : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reading: \_\_\_\_\_\_\_\_\_\_ Writing: \_\_\_\_\_\_\_\_\_\_ Speaking: \_\_\_\_\_\_\_\_\_ |
| Language : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reading: \_\_\_\_\_\_\_\_\_\_ Writing: \_\_\_\_\_\_\_\_\_\_ Speaking: \_\_\_\_\_\_\_\_\_ |

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| Please indicate why you wish to study / do traineeship at Kirklareli University (max. 100 words) |
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I certify that all the information provided in the application form is correct and completed to the best of my knowledge.

Student - Signature

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Sending Institution (Departmental Coordinator) - Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ / \_\_ / 20\_\_

Receiving Institution (Departmental Coordinator) - Signature

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