**DOKUZ EYLÜL UNIVERSITY**

**ERASMUS+ KA171 INCOMING STUDENTS APPLICATION FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name- Surname:** | | | **Home country:** | |
| **Date of birth (dd/mm/yyyy) :** | | | **Intended term of study:**  🞏 Fall  🞏 Spring | |
| **Home university:** | | | **Passport-National ID number:** | |
| **Field of study:** | | | **Level of study:**  🞏 Bachelor  🞏 Master  🞏 Doctorate | |
| **Telephone and E-mail:** | | **Address:** | | |
| **Contact person and telephone/e-mail for emergency:** | | | |
| **English Proficiency:** **Turkish Proficiency:** | | | **GPA:** |
| **Special need: (***Attach the document, which is as valid/old as 3 months to if yes)*  Yes 🞏 +10pts  No 🞏 0 pts | | | **Have you ever participated in Erasmus+ mobility in your current level of study?**  Yes 🞏 -10 pts (each)  No 🞏 0 pts |
| **Are you a Turkish citizen?**  Yes 🞏 -5 pts  No 🞏 0 pts | | |  |
| **COMMITMENT**  ***I certify that the information given in this application is true, complete, and accurate to the best of my knowledge.*** | | | |
| ***Student*** | ***Erasmus/exchange coordinator at home university*** | | |
| **Name-Surname:** | **Name-Surname:** | | |
| **Signature/Date:** | **Signature/Date/Stamp:** | | |