 **EGE UNIVERSITY**

Biometric

Photo

**ERASMUS+ STUDENT APPLICATION FORM**

**ADEMIC YEAR ….. */* …..**

**This form should be filled in electronically.**

**PERSONAL DATA:**

|  |  |  |
| --- | --- | --- |
| **Name & Surname:** | **Gender:** | |
| **Date of Birth:** | **Nationality:** | **Dual Nationality (if any):** |
| **Place of Birth:** | **Marital Status:** | |
| **Father’s Name:** | **Mother’s Name:** | |
| **E-mail:** | **Passport Number:**  **ID Number:** | |
| **Current Address & Tel:** |  | |

**SENDING INSTITUTION:**

|  |  |
| --- | --- |
| **University Name and Full Address:** | **ERASMUS CODE:** |
| **Faculty:** | **Department:** |
| **Faculty/Departmental Coordinator:** | **Tel:**  **E-mail:** |
| **Institutional Coordinator:** | **Tel:**  **E-mail:** |

**HOST INSTITUTION:**

|  |  |
| --- | --- |
| **Name and Full Address:**  EGE UNIVERSITY  Gençlik Cad. No: 12 35040 Bornova-IZMIR-TURKEY | **ERASMUS CODE:** TR IZMIR 02 |
| **Faculty:** | **Department:** |
| **Departmental Coordinator:**  <https://international.ege.edu.tr/files/international/icerik/ErasmusCoordinatorsuplodad.pdf> | **E-mail:** |

**STUDIES:**

|  |  |
| --- | --- |
| **Study Cycle (Bachelor/ Master / Doctorate):** | **Subject area code:** |
| **Completed years of study:** | |

# PERIOD of STUDY at EGE UNIVERSITY:

|  |  |
| --- | --- |
| **Duration (in months):** | **Semester: Fall Spring** |
| **Period of Study: from ..… /..… /….. to .…. /..… /.....** | |

**ACCOMMODATION:**

|  |  |
| --- | --- |
| **EGE UNIVERSITY STUDENT VILLAGE (ONLY DOUBLE ROOM)** | |
| **Do you need Accommodation?** | **Yes No** |
| **Expected Date of Arrival:** | **Expected Date of Departure:** |
| ***Address:***  ***Ege Üniversitesi Öğrenci Köyü Kazım Dirik Mah. No:372 Ağaçlıyol Bornova / Izmir /TURKEY*** | |

**ATTACHMENTS:**

|  |
| --- |
| * **Copy of ID Card or Passport** * **Copy of the Student Certificate or Student Card** * **Erasmus+ Learning Agreement** * **Scanned Biometric Photo** |

|  |  |
| --- | --- |
| **Student’s Signature: stamp** | **International Office of the Sending Institution Signature and Stamp of the Responsible Person:** |
| **Date:** |