



# ECTS-EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM EGE UNIVERSITY STUDENT APPLICATION FORM

**ACADEMIC YEAR** 20.... / 20....

This application should be completed in **BLACK** in order to be easily copied and/or telefaxed.

Photo  
of  
Student

**FIELD of STUDY:**

**SENDING INSTITUTION:**

Name and Full Address:	ID CODE:
Institutional Director:	Tel: Fax: E-mail:
Local Coordinator	Tel: Fax: E-mail:
Faculty:	Department:
Faculty / Departmental Coordinator:	Tel: Fax: E-mail:

**STUDENT'S PERSONAL DATA:**

Family Name:	First Name(s):
Date of Birth:	Sex:      Nationality:
Place of Birth:	Marital Status:
E-Mail:	
Current Address:	Permanent Address (IF DIFFERENT):
Current Telephone:	Permanent Telephone (IF DIFFERENT):

**HOST INSTITUTION:**

Name and Full Address: <b>EGE UNIVERSITY Gençlik Cad. No: 12 35040 Bornova-IZMIR-TURKEY</b>	<b>ID CODE: TR IZMIR 02</b>
Institutional Director: <b>Prof.Dr.Fikret İkiz</b>	Tel: +90-232-3390593 Fax:+90-232-3399091 E-mail: intrec@mail.ege.edu.tr
Local Coordinator <b>Prof.Dr.Süheyda Atalay</b>	Tel: +90-232-3887600 Fax: +90-232-3887776 E-mail: suheyda.atalay@ege.edu.tr
Faculty:	Department:
Faculty / Departmental Coordinator:	Tel: Fax: E-mail:

**PREVIOUS and CURRENT STUDIES:**

Diploma degree for which you are currently studying:		Subject area code:	
Duration: <i>Years</i>			
First year of studies:			
Expected date of conclusion:			
Academic year you are studying:			
Have you already been studying abroad? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes when at which institution?			
Work Experience Related to Current Study (if relevant)			
Type of work experience	Firm/Organisation:	Date:	Country:
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**LANGUAGE SKILLS:**

Mother Language		Language of instruction at home institution(if different)				
Other Languages	I'm currently studying this language		I've sufficient knowledge to follow lectures.		I need extra linguistic preparation to follow lectures.	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What qualifications do you have in Foreign Languages e.g. EFL, TOEFL, IELTS, TestDaF? (Where and when obtained)

**PERIOD of STUDY at EGE UNIVERSITY:**

Duration of Stay (in months)	Expected Date of Arrival Day/Month/Year: ___/___/____
Period of Study: <b>from</b> .../.../..... <b>to</b> .../.../.....	

**ADDITIONAL DOCUMENTS TO BE PRESENTED:**

- Copy of legal ID card or passport
- Copy of the registration at the home institution or university card
- Transcript of Records
- Learning Agreement
- Health insurance valid in Turkey
- 4 Passport type photographs

**ACCOMMODATION:**

Accommodation requests will only be considered whether the form submitted **at least 2 months** before the expected date of arrival.

Do you need Accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Precise Date of Arrival:	Date of Departure:	
<b>Fill in by Order of Preference</b>		
<input type="checkbox"/> Ege University Student Village	<input type="checkbox"/> Double Room	<input type="checkbox"/> Single Room
<input type="checkbox"/> Flat		
<b>To be Completed by receiving Institution</b>	Address:	
	Telephone:	

Student's Signature :	International Office of the Sending Institution Responsible Person's Signature and Stamp:
Date:	