

ANADOLU ÜNİVERSİTESİ**STUDENT APPLICATION FORM
PARTNER COUNTRIES**Academic Year: **2015/2016**

Student's name: _____

Receiving Institution	Name of the Institution : ANADOLU UNIVERSITY
	Erasmus+ ID Code : TR ESKISEH01
	Study Period : <input type="checkbox"/> Fall Semester <input checked="" type="checkbox"/> Spring Semester
	Duration of stay in months: 4,5 Intended month of arrival: February Intended month of departure: June
	Erasmus+ Institutional Coordinator
	Name : Assoc. Prof. Dr. Bilge Kağan ÖZDEMİR
	Address : Anadolu University, Office for International Affairs, Student Center, 26470, ESKISEHIR/TURKEY
	Telephone: +90 222 330 74 37 Fax: +90 222 330 74 37 E-mail: uib@anadolu.edu.tr
	Departmental Coordinator
	Name : _____

Sending Institution	Name of the Institution : _____
	Erasmus+ ID Code : _____
	Erasmus+ Institutional Coordinator
	Name : _____
	Address : _____ _____
	Telephone: _____ Fax: _____ E-mail: _____
	Departmental Coordinator
	Name : _____
	Address : _____

Student's Personal Details	_____
	Telephone: _____ Fax: _____ E-mail: _____
	First Name : _____
	Family Name : _____
	Place of Birth : _____ Date of Birth: ___/___/_____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F
	Citizenship/Nationality: _____ Student ID Number: _____
	Current Address : _____
	Telephone: _____ E-mail: _____ This address valid until: ___/___/20__
	Permanent Address : _____
	Telephone: _____ E-mail: _____ This address valid until: ___/___/20__
	Person(s) to contact in case of emergency (Name; address; phone including area code; relationship to applicant) :
	Any Disability/Special Needs:
	Current studying degree: <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> PhD.
	Field/ Subject of study: _____
Number of higher education study years prior to departure abroad : _____	
Have you ever studied abroad? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of institution/city/country? : _____	

GPA	Please enclose your Transcript of Records.
	GPA : _____
Language Proficiency	Rate your language skills. Include all languages in you have some proficiency. Also indicate your native language. (Rate: Good / Excellent / Poor) Please enclose your Language Certificate.
	Native : _____ Reading: _____ Writing: _____ Speaking: _____
	Language : _____ Reading: _____ Writing: _____ Speaking: _____
	Language : _____ Reading: _____ Writing: _____ Speaking: _____

Intention	Please indicate why you wish to study at Anadolu University (max. 100 words)

We highly recommend starting to fill the "student learning agreement" from by getting in touch with your departmental coordinator

I certify that all the information provided in the application form is correct and complete to the best of my knowledge.

Student signature: _____ Date: ___/___/20__

Sending Institution _____ Date: ___/___/20__

Mailing Address	Anadolu University, Office for International Affairs, Student Center, 26470, Eskisehir/TURKEY
	Telephone: +90 222 335 05 80 External: 4472 Direct: +90 222 330 74 37 Fax: +90 222 330 74 37 E-mail: uib@anadolu.edu.tr

HOUSING APPLICATION FORM

First Name	:	_____				
Family Name	:	_____				
Place of Birth	:	_____	Date of Birth:	__ / __ / __	Sex:	<input type="checkbox"/> M <input type="checkbox"/> F
Citizenship/Nationality	:	_____	Student ID Number:	_____		
Home University/Department	:	_____				
Current Address	:	_____				
Telephone:	_____	E-mail:	_____			
Person(s) to contact in case of emergency (Name; address; phone including area code; relationship to applicant) :						
Any Disability/Special Needs: _____						
Did you have any allergic or infectious illness (describe)?:						
Do you smoke: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Which gender should be your flat-mate: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Does not matter						
Special dietary: _____						
How many people do you want to share the flat with: _____						
If you want to share your flat with your friend(s), please specify : _____						
Do you want to share your room <input type="checkbox"/> Yes, it doesn't matter <input type="checkbox"/> No, I prefer privacy <input type="checkbox"/> Yes (please specify _____)						

* The most appropriate match will be tried to arrange for you according to your preferences.

* This accommodation will be your permanent place!

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