**EXCHANGE PROGRAM APPLICATION FORM FOR INBOUND STUDENTS**

1. **PERSONAL DETAILS**

|  |  |
| --- | --- |
| **NAME – SURNAME ADI –SOYADI** | Click here to enter text. |
| **GENDER**  CİNSİYET | **Select** |
| **NATIONALITY UYRUK** | Click here to enter text. |
| **PLACE OF BIRTH**  **DOĞUM YERİ** | Click here to enter text. |
| **DATE OF BIRTH**  **DOĞUM TARİHİ** | Click here to enter text. |
| **PASSPORT NUMBER**  **PASAPORT NUMARASI** | Click here to enter text. |

1. **ACADEMIC DETAILS**

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| **STUDENT REGISTRATION NUMBER:**  **ÖĞRENCİ KAYIT NUMARASI** | Click here to enter text. | | |
| **HOME UNIVERSITY:**  **EĞITIM GÖRDÜĞÜN ÜNIVERSITE** | Click here to enter text. | | |
| **NAME OF FACULTY/SCHOOL:**  **FAKÜLTE/OKUL ISMI** | Click here to enter text. | | |
| **NAME OF DEPARTMENT:**  **BÖLÜM ISMI** | Click here to enter text. | | |
| **YEAR OF ADMISSION**  **KAYIT YILI** | Click here to enter text. | | |
| **CLASS/YEAR**  **SINIFI / YIL** | Click here to enter text. | | |
| **CURRENT SEMESTER**  **ŞİMDİKİ DÖNEM** | Click here to enter text. | | |
| **POSSIBLE YEAR OF GRADUATION**  **TAHMİNİ MEZUNİYET YILI** | Click here to enter text. |  |  |
| **LAST GPA**  **SON DÖNEM ORTALAMASI** | Click here to enter text. | | |
| **CGPA**  **SON GENEL ORTALAMASI** | Click here to enter text. | | |

1. **CONTACT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **PERSONAL EMAIL**  **E-POSTA ADRESI** | Click here to enter text. | | |
| **TELEPHONE**  **TELEFON** | HOME:  **EV** | | MOBILE:  **CEP** |
|  | Click here to enter text. | | Click here to enter text. |
| **HOME ADDRESS:**  **EV ADRESI** | Click here to enter text. | | |
| **EXCHANGE PROGRAM COORDINATOR TELEPHONE AND E-MAIL**  **DEĞIŞIM PROGRAM KOORDINATÖRÜN TELEFON VE E-POSTA ADRESI** | | Click here to enter text. | |
| Click here to enter text. | |

I CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION FORM IS ACCURATE. I HEREBY APPLY FOR ADMISSION TO THE EMU EXCHANGE PROGRAM.

DEĞİŞİM PROGRAMINA BAŞVURU FORMUNDA VERİLEN BÜTÜN BİLGİLERİN DOĞRU OLDUĞUNU ONAYLAR KABUL EDERİM.

**DATE/TARİH :**\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ **SIGNATURE/İMZA :**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_