



**KARABÜK UNIVERSITY**  
**ERASMUS+ KA 107 PROJECT**

Balıklar Kayası 78050 Karabük / TURKEY  
Phone (+90) 370 433 66 87, Fax: (+90) 370 433 66

STUDENT'S  
PHOTO

**STUDENT APPLICATION FORM (2017 / 2018)**

FIELD OF STUDY: \_\_\_\_\_

SEMESTER 1

SEMESTER 2

FULL ACADEMIC YEAR

**SENDING INSTITUTION:**

Name and full address of the Institution: \_\_\_\_\_

Departmental coordinator – Name: \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_ @ \_\_\_\_\_

Erasmus Coordinator: – Name: \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_ @ \_\_\_\_\_

**STUDENT'S PERSONAL INFORMATION:**

Surname: \_\_\_\_\_ First name(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Nationality : \_\_\_\_\_

Place of birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Current address: \_\_\_\_\_

Permanent add. (if different): \_\_\_\_\_

Current telephone: \_\_\_\_\_ Permanent telephone (if different): \_\_\_\_\_

Current fax / e-mail: \_\_\_\_\_

Participant with special needs: Yes  No

Extra Amount requested for travel and / or accommodation : .....

Number of higher education study years prior to departure abroad: \_\_\_\_\_

Diploma/degree for which you are currently studying: \_\_\_\_\_

Date when you began these studies: \_\_\_\_\_

Date when you expect to complete them: \_\_\_\_\_

Have you already been an exchange student? Yes  No

If yes, when?, at which Institution? \_\_\_\_\_

**INSTITUTION WHICH WILL RECEIVE THIS APPLICATION:**

Receiving Institution	Country	Periods of studies from to	Duration of stay (months)
KARABÜK UNIVERSITY	TURKEY	_____	_____

I wish to take part in an intensive language preparation course provided by the host Institution Yes  No

I am available for summer course Yes  No

Please send details Yes  No

Name of student: \_\_\_\_\_  
 Sending Institution: \_\_\_\_\_ Country: \_\_\_\_\_

**LANGUAGE COMPETENCE:**

Mother tongue: \_\_\_\_\_ Language of instruction at home institution (if different): \_\_\_\_\_

Other languages	I am currently studying this language		I have sufficient knowledge to follow lectures		I would have sufficient knowledge to follow lectures if I had some extra preparation	
	Yes	No	Yes	No	Yes	No
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you receive funding from other sources? Yes  No   
 If yes, which: \_\_\_\_\_  
 Bank name, city: \_\_\_\_\_  
 Account no.: \_\_\_\_\_

**PREVIOUS AND CURRENT STUDY**

Name of Course : \_\_\_\_\_  
 Course Code from Home Institution Information Package: \_\_\_\_\_  
 Diploma degree for which you are currently studying: \_\_\_\_\_  
 Number of higher education study years prior to departure abroad: \_\_\_\_\_  
 Have you already been studying abroad ? Yes  No   
 If Yes, when ? at which institution ? \_\_\_\_\_

**WORK EXPERIENCE RELATED TO CURRENT STUDY (IF RELEVANT):**

Type of work experience	Firm/Organisation	Dates	Country
_____	_____	_____	_____
_____	_____	_____	_____

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sending Institution:** I confirm that this application is approved.

Departmental Coordinator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Erasmus Coordinator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RECEIVING INSTITUTION**

We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate's Transcript of records.

The above-mentioned student is	<input type="checkbox"/>	provisionally accepted at our institution
Departmental coordinator's signature	<input type="checkbox"/>	not accepted at our institution
_____		Institutional coordinator's signature
Date:		_____
_____		Date:
		_____

