**ONDOKUZ MAYIS UNIVERSTY**

 **ERASMUS+ KA 1: LEARNING MOBILITY OF INDIVIDUALS**

 **STUDENT MOBILITY FOR STUDIES**

 **STUDENT APPLICATION FORM**

**Application deadlines:**

# Autumn Semester: 15 July

# Spring Semester: 15 November

 **(Photograph)**

**ACADEMIC YEAR 20…/20…**

**FIELD OF STUDY**: .........................................................

**This application should be completed in BLACK in order to be easily copied, faxed or e-mailed.**

|  |
| --- |
| **SENDING INSTITUTION**Name and full address: ..................................................................................................................................................................................................................................................................................................................Department coordinator - name, telephone, fax and e-mail………………… ..........................................................................................................................................................................................................................................................................................................................................................................................................Institutional coordinator - name, telephone, fax and e-mail………………… .......................................................................................................................................................................................................................................................................................................................................................................................................... |

**STUDENT’S PERSONAL DATA**

*(to be completed by the student applying)*

|  |  |
| --- | --- |
| Family name: .......................................................Date of birth: .......................................................Sex: .....................................................................Nationality:..........................................................Place of Birth: .....................................................Current address: ............................................................................................................................................................................................................................................................................................Current address is valid until: .............................Tel.: .....................................................................Fax:…………………………………………….E-mail: (this is essential)………………………………………………………………………… | First name (s): .................................................................Permanent address (if different): ............................................................................................................................................................................................................................................................................................................................................................................................................ |

**LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM (in order of preference):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Institution |  | Country | Period of studyfrom to | Duration of stay (months) | N° of expected ECTS credits |
| 1. ........................................2. ........................................3. ........................................ | ............................................................... | ....................................... | ................................. | ......................................................... | ......................................................................................................................... |

|  |
| --- |
| Name of student: ...............................................................................................................................................Sending institution:............................................................................................. Country: .............................................................. |

|  |
| --- |
| Briefly state the reasons why you wish to study abroad ?...................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................…………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

**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 |
| .............................................................................. | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 |

**WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of work experience............................................................................................ | Firm/organisation.......................................................................................... | Dates.......................................................... | Country.............................................................................. |

**PREVIOUS AND CURRENT STUDY**

|  |
| --- |
| 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 ? .................................................................................................................**The attached Transcript of records includes full details of previous and current higher education study. Details not known at the time of application will be provided at a later stage.** |

|  |
| --- |
| Do you wish to apply for a mobility grant to assist towards the additional costs of your study period abroad? Yes 🞏 No 🞏 |

|  |
| --- |
| **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 🞏🞏Departmental coordinator’s signature..............................................................................Date: .................................................................... | provisionally accepted at our institutionnot accepted at our institutionInstitutional coordinator’s signature..........................................................................................Date :................................................................................ |
|  |  |

**Please send to:**

##### Ondokuz Mayıs University

**International Relations Office / Erasmus Office**

**Atakum - Samsun**

##### 55200 TÜRKİYE

## Fax: +90-362-4576091

**Phone: +90-362-3121919 (Ext. 1613)**

**E-mail:** **erasmus@omu.edu.tr**

**Website:** [**http://www.omu.edu.tr**](http://www.omu.edu.tr/)

[**http://erasmus-en.omu.edu.tr/**](http://erasmus-en.omu.edu.tr/)