

### 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

Spring Semester: 15 November (Photogra				
ACADEMIC YEAR 20/20  FIELD OF STUDY:  This application should be completed in BLACK in order to be easily copied, faxed or e-mailed.				
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:	First name (s):			
Sex:	Permanent address (if different):			
Place of Birth:  Current address:				
Current address is valid until:  Tel.:  Fax:				
E-mail: (this is essential)				

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

1						
Name of student:						
Sending institution:  Country:						
Country:  Briefly state the reasons why you wish to study abroad?  LANGUAGE COMPETENCE  Mother tongue: Language of instruction at home institution  Other languages  I am currently studying this language knowledge to follo lectures  yes no yes no  yes no						
Mother tongue: Language of instruction at home institution  Other languages  I am currently studying this language  yes no yes no  yes no  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □						
Mother tongue: Language of instruction at home institution  Other languages  I am currently studying this language  yes  no  yes  no  u  u  u  u  u  u  u  u  u  u  u  u  u						
Mother tongue: Language of instruction at home institution  Other languages  I am currently studying this language knowledge to follo lectures  yes no yes no                          yes   no						
Mother tongue: Language of instruction at home institution  Other languages  I am currently studying this language knowledge to follo lectures  yes no u u u u u u u u u u u u u u u u u u						
studying this language knowledge to follo lectures  yes no yes no  □ □ □ □  □ □ □  □ □ □  □ □ □  □ □ □	(if different): .					
	w knowle	would have sufficient edge to follow lectures if I some extra preparation				
WORK EXPERIENCE RELATED TO CURRENT STUDY (	yes	no				
	WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)					
Type of work experience Firm/organisation	f relevant)					
	f relevant)  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.				
		provisionally accepted at our institution not accepted at our institution		
Departmental coordinator's signature		Institutional coordinator's signature		
Date:		Date :		

### Please send to:

Ondokuz Mayıs University International Relations Office / Erasmus Office Atakum - Samsun 55200 TURKEY Fax: +90-362-4576091

> Phone: +90-362-3121919 (Ext. 1613) E-mail: <a href="mailto:erasmus@omu.edu.tr">erasmus@omu.edu.tr</a> Website: <a href="mailto:http://www.omu.edu.tr/">http://erasmus-en.omu.edu.tr/</a>