

**YILDIZ TEKNİK ÜNİVERSİTESİ**

**YILDIZ TECHNICAL UNIVERSITY**



**INTERNATIONAL CREDIT MOBILTY-ICM**

**BAŞVURU FORMU for Students Mobility (Outgoing)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name- Surname:** | | **Gender: M 🞏 F 🞏** | | | **PHOTO** |
| **Date of birth: dd/mm/yyyy** | | **Place of birth:** | | |
| **Nationality:** | | **Passport-National ID number:** | | |
| **Intended term of study:**  **🞏 Fall 🞏 Spring 🞏 Both** | | **Field of study:** | | |
| **Level of study:**  **🞏 Bachelor  🞏 Master 🞏 Doctorate** | | **Year of study:**  **1 🞏 2 🞏  3 🞏 4 🞏** | | |
| **E-mail:** | **Telephone:** | | | **Address:** | |
| **Relative of a martyr or veteran: Yes 🞏 No 🞏**  ***(If Yes, attach the official document)*** | | | **Special need: Yes 🞏 No 🞏 *(If Yes, attach the document* *which is not older than 3 months)*** | | |
| **Contact person for emergency:** | | | **Contact telephone/e-mail for emergency:** | | |
| **🞏 I want to take Erasmus Foreign Language Proficiency Test**  **🞏 I want to use my previous Foreign Language Proficiency Test score, which is said to be valid in the Guide.** | | | | | |
| **University Preferences** | | | | | |
| **1-**  **2-**  **3-** | | | **4-**  **5-**  **6-** | | |

|  |  |
| --- | --- |
| **Student** | **Departmental coordinator at home university** |
| *I certify that the information given in this application is true, complete, and accurate to the best of my knowledge.* | **Name-Surname:** |
| **Name-surname:** | **E-mail:** |
| **Signature/Date:** | **Signature/Date:** |

If you do not take Erasmus Foreign Language Proficiency Test**,** please attach Foreign Language Proficiency Test score which is said to be valid in the Guide, to the application form.