**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.