

**YILDIZ TECHNICAL UNIVERSITY- ……………. UNIVERSITY 20..-20.. ACADEMIC YEAR   
INTERNATIONAL CREDIT MOBILTY-ICM**

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| **APPLICATION FORM for Students Mobility** | | | | |
| Name- Surname: | Gender: M 🞏 F 🞏 | | Nationality: | PHOTO |
| Date- Place of birth: dd/mm/yyyy | Passport-National ID number: | | Intended term of study:  🞏 Fall 🞏 Spring 🞏 Both |
| Home country: | Home university: | | Erasmus Code/PIC code: |
| Field of study: | Level of study:  🞏 Bachelor 🞏 Master 🞏 Doctorate | | Year of study:  1 🞏 2 🞏 3 🞏 4 🞏 |
| Telephone: | E-mail: | | Address: |
| Contact person for emergency: | | | Contact telephone/e-mail for emergency: | |
| **SELECTION CRITERIA** | | | | |
| English Proficiency: *(Attach a proof of English proficiency (if medium of instruction or mother language is not English)* | | | GPA: *(Attach your updated transcript.)* | |
| Special need: Yes 🞏 +10pts No 🞏 0 pts  *Attach a document which is not older than 3 months.* | | | Have you ever participated in Erasmus+ mobility previously? If yes, how many? Yes 🞏 -10 pts (each) No 🞏 0 pts | |
| **COMMITMENT *I certify that the information given in this application is true, complete, and accurate to the best of my knowledge.*** | | | | |
| *I certify that the information given in this application is true, complete, and accurate to the best of my knowledge.* | | | | |
| **Student** | | **Erasmus coordinator at home university** | | |
| **Name-Surname:** | | **Name-Surname:** | | |
| **Signature/Date:** | | **Signature/Date/Stamp:** | | |