**ASBU ERASMUS+ STUDENT MOBILITY**

**STUDENT APPLICATION FORM**

**ACADEMIC YEAR 2024/2025**

**FIELD OF STUDY (**Institute/Faculty**):** ……………………………..

Program/Department: …………………………………….

GPA: …….../4 Previous Graduation Score: ……… / ……… (For 1st year Master and PhD students)

English Language Exam Score: …………………

Your Nationality or Country of Residence except Türkiye: ............................

**Mobility Period ○ 2025 Summer ○ 2025-2026 Spring**

**Level/Year:** **UG** **○**1 **○**2 **○**3 **○**4 **Master** **○**1 **○**2 **Ph.D.** **○**1 **○**2 **○**3 **○**4

**STUDENT’S PERSONAL INFORMATION** *(to be filled in by the student)*

|  |  |
| --- | --- |
| Family Name/Surname : Father Name:Date of Birth : Nationality (or Country of Residence except Turkey):Place of Birth: Phone : E-mail:  | TR ID No : Passport no : Address **:** |

**PREVIOUS AND CURRENT STUDIES**

|  |
| --- |
| If you have any priorities that will affect your selection (such as disability), please clearly state them here . Anything that you want to share with us: **The attached transcript of records includes full details of previous and current higher education studies.**  |

If you have any priority that will affect your selection, please check the box/es. (Please note that the statements that could not be supported by the probative or substitutive documents can result in the elimination of your application.)

|  |  |  |
| --- | --- | --- |
|  | Yes  | No |
| Are you or any of your 1st and 2nd degree relatives residing in the Earthquake Zone that occurred on February 6? (Please read the related footnote in the announcement.) |  |  |
| Are you a child of a martyr or veteran?  |  |  |
| Do you have any disability? |  |  |
| Do you have any protection, etc., decided by the government according to Law 2828 or 5395? |  |  |
| Do you have an acceptance letter for the traineeship? |  |  |
| If yes, is your traineeship about the development of Digital Competencies? (Please read the related footnote in the announcement for them.) |  |  |
| Have you participated in any Erasmus Mobilities before (granted or not granted)? |  |  |
| Would you like to benefit from a non-funded mobility option? |  |  |
| If you have any additional situations that will affect your selection, please state it clearly here. Please add here anything that you want to share with the Commission:  |

**PREFERENCES**

**I would like to be nominated to the following universities and programs in the order below.**

|  |
| --- |
| 1. University/Institute:……………………….. Department: ………………………………………..
2. University/Institute:……………………….. Department: ………………………………………..
3. University/Institute:……………………….. Department: ………………………………………..
 |
| I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits.**Applicant’s Signature**  Date:  | [ ]  I confirm that this student meets the 30 ECTS workload requirement for compulsory traineeship mobility.* [ ]  I confirm that this student is undertaking a voluntary traineeship.

 **Departmental Erasmus Coordinator’s Signature** Date: |