**ASBU ERASMUS+ STUDENT MOBILITY**

**STUDENT APPLICATION FORM**

**ACADEMIC YEAR 2024 / 2025**

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

Program/ Department: …………………………………….

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

English Language Exam Score: ………………… (Your score from Erasmus Foreign Language Exam on October 2024)

Your Nationality or Country of Residence except Turkey:

**Mobility Period ○ 2025 Summer**

**Level/Year:**  **○**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**

|  |
| --- |
| I would benefit from the non-funded mobility option if I am not nominated. Yes □ No □Please clearly state if you have any priorities that will affect your selection. (such as disability,) 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. decision by the government according to Law 2828 or 5395? |  |  |
| Do you have an acceptance letter for a traineeship? |  |  |
| If yes, is your traineeship about the development of Digital Competencies (Please read the related footnote in the announcement for them) |  |  |
| Did you participate in any Erasmus Mobility before (granted or not granted)? |  |  |
| Would you like to benefit from a non-funded mobility option? |  |  |
| If you have any additional situation 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 evaluated for my preferences listed below (I also added my invitation letter from the university/institution).**

|  |
| --- |
| 1. University/ Institute: …………………………. Department: ……………………………………….
2. University/ Institute: ………………………. Department: ……………………………………….
3. University/ Institute: …………………………. Department: ……………………………………….
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| I certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me from benefits.**Applicant’s Signature**  Date:  | I confirm this student has enough courses/thesis etc. workload equivalent to at least 30 ECTS for mobility for the upcoming semester. **Departmental Erasmus Coordinator’s signature** Date: |