

Digital Photo

of

Student

 **ERASMUS+ STUDENT APPLICATION FORM**

 **Sakarya University of Applied Sciences**

 **ACADEMIC YEAR 20… */* 20…**

This application should be completed **via Computer.**

**SENDING INSTITUTION:**

|  |  |
| --- | --- |
| **University Name and Full Address:** University of TiranaMother Teresa Square, Rectorate UT, Tirana, Albania | **ERASMUS CODE: N/A** |
| **Faculty:**  | **Department:** |
| **Faculty/Departmental Coordinator:**  | **Tel:** **Fax:** **E-mail:** |
| **Institutional Coordinator:**Prof. Assoc. Dr. Bernard DostiErasmus + Institutional Coordinator | **Tel: +35542250166** **Fax: -** **E-mail:iro@unitir.edu.al** |

**STUDENT’S PERSONAL DATA:**

|  |  |
| --- | --- |
| **Surname:** |  **Name :** |
| **Date of Birth:**  | **Sex:** | **Nationality:** |
| **Place of Birth:** | **Marital Status:** |
| **Father’s Name:** | **ID/Passport Number:** |
| **E-mail:** | **Tel:** |
| **Current Address & Tel:** | **Permanent Address & Tel (IF DIFFERENT):** |

**HOST INSTITUTION:**

|  |  |
| --- | --- |
| **Name and Full Address:**University of Applied SciencesInternational Relations Office, Rectorate (T2) Building,Esentepe Campus, Post Code: 54187,Serdivan / SAKARYA | **ERASMUS CODE:** TR SAKARYA02 |
| **Institutional Coordinator:**Assoc. Prof. Dr. Engin CAN |  **Tel:** +90 2646160765 **Fax:** **E-mail:** international@subu.edu.tr |
| **Faculty Coordinator**  |  **Tel:**  **Fax:**  **E-mail:**  |
| **Faculty:**  |  **Department:** |
| **Departmental Coordinator:** |  **Tel:**  **Fax:**  **E-mail:**  |

**PREVIOUS and CURRENT STUDIES:**

|  |  |
| --- | --- |
| **Study Cycle (First / Second / Third):** | **Subject area code:** |
| **Academic year you are studying:**  |
| **Have you already been studying abroad?**  **Yes [ ] No [ ]** **If yes when at which institution?**  |
| **Work Experience Related to Current Study (if relevant)** |
| **Type of work experience** | **Firm/Organisation** | **Date** | **Country** |
| **…………………****…………………****…………………** | **……………………****……………………****……………………** | **………………****………………****………………** | **…………………****…………………****………………...** |

**LANGUAGE SKILLS:**

|  |  |
| --- | --- |
| **Native Language:** | **Language of instruction at home institution(if different):** |
| **Other Languages** | **I’m currently studying****this language** | **I’ve sufficient****knowledge to****follow lectures.** | **I need extra linguistic****preparation to follow lectures.** |
| **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
|  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
|  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
|  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |

**What qualifications do you have in Foreign Languages e.g. TOEFL, IELTS, TestDaF? (Where and when obtained)**

|  |
| --- |
|  |

# PERIOD of STUDY at Sakarya University of Applied Sciences:

|  |  |
| --- | --- |
| *Duration of Stay (in months)* | *Expected Date of Arrival*Day/Month/Year: \_\_ /\_\_ / \_\_\_\_  |
| *Period of Study:* ***from****. …/.…/….. .****to*** *.…/.…/…...* |

**ADDITIONAL DOCUMENTS TO BE PRESENTED:**

|  |
| --- |
| * Copy of legal ID card or passport
* Transcript of Records in English
* Erasmus+ Learning Agreement
* 2 Passport type photographs
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| --- | --- |
| **Student’s Signature :and stamp**  | **International Office of the Sending Institution Responsible Person’s Signature and Stamp:**Prof. Assoc. Dr. Bernard DostiErasmus + Institutional Coordinator |
| **Date:** |