

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 Tirana  Mother 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 Dosti  Erasmus + 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 Sciences International 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 Dosti  Erasmus + Institutional Coordinator |
| **Date:** |