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**ERASMUS STUDY AND INTERNSHIP MOBILITY APPLICATION FORM**

All students who apply for Erasmus Study or Internship Activity must fill in the following information completely in the computer environment.

Please send this form and your transcript, which you filled in during the application, to our Erasmus Institution Coordinator e-mail address ( gulsah.kesentas@gedik.edu.tr ) for the project you have applied for, between the application dates.

|  |  |
| --- | --- |
| **Fields** | **Descriptions** |
| **Student's Name and Surname** |  |
| **T.R. Identification Number** |  |
| **Project number you are applying for**  **To find out the application project numbers, please check the project number in the advertisement you want to apply for.** |  |
| **Which type of mobility do you want to apply for? (Study or internship?)**  **Please select only one mobility type. Otherwise, your application will be deemed invalid.** |  |
| **Our Partner Universities You Will Prefer If You Want to Apply for Study Mobility:**  **To see our partner universities, see:**  **https://www.gedik.edu.tr/wp-content/uploads/Erasmus-anlasmali-universiteler.pdf**  **\*** **\*Please pay attention to the order of preference. Opposite institutions will be contacted, taking into account the order of preference, if you are a principal student.**  **\*Please choose from our Erasmus partners suitable for your department. If you cannot find the appropriate Erasmus partner information for your department, please contact our Erasmus Institutional Coordinator.**  **\*Please indicate the name of the Erasmus partner and the country from which you are located.** | **1.**  **2.**  **3.** |
| **(If applicable) Passport Number** |  |
| **Student number** |  |
| **Date of birth** | dd/mm/yyyy |
| **Gender** | M/F |
| **Nationality** |  |
| **Faculty/Department** |  |
| **Student's Final GPA** |  |
| **Student's Contact Information:**  **E-mail:**  **Phone:** |  |
| Address: |  |
| **Have you benefited from Erasmus Mobility before?** | Yes/No |
| **Do You Have a Special Health Problem?** | Y/N  If yes, please explain briefly: ……………………………………………………. |
| **Did you submit your transcript during your application?** | Y/N |
| **If you are selected as a permanent student to the Erasmus+ program, would you like to be a mobility student without the support of an Erasmus grant?** | Y/N |
| **I accept that the information I have given in the application form is correct. I am aware of the fact that my application will not be accepted unless it is proven otherwise.** | Student Name Surname:  History:  Signature: |
| **After your application form is forwarded to the e-mail address of our Erasmus Institution Coordinator ( gulsah.kesentas@gedik.edu.tr ) and evaluated, it will be sent to you via the e-mail address you have sent with the date and signature confirmation.** | Approval |