**PLEASE COMPLETE ELECTRONICALLY**

1. PERSONAL DETAILS

|  |  |
| --- | --- |
| **Family name** | **First name(s)** |
| **Date of birth**    /    /      (dd / mm / yyyy)  **Place (city)of birth** | Male  Female |
| **Nationality as in the passport** | **Turkish ID number**    (Only for those holding a Turkish ID card or “Mavi Kart”) |
| **E-mail** **address** | **Phone** (please include country and area code)  private:  work :  mobile: |
| **Postal Address** | |

2. PURPOSE OF APPLICATION TO ONDOKUZ MAYIS UNIVERSITY

|  |
| --- |
| Study  Traineeship  Research  Visiting Staff  Observation |

3.WITHIN THE FRAMEWORK OF…

|  |
| --- |
| Interinstitutional Protocol  Free mover \* |
| \* Educational fee may be required by the relevant Faculty/Graduate School/ Vocational School  \* The Faculty of Medicine requires a monthly fee of 300 TL for educational purposes.  \* The Faculty of Dentistry requires a monthly fee of 500 TL for educational purposes.  Please make the payment to the following bank account:  Ziraat Bank, Ondokuz Mayıs University branch account number: IBAN : TR 74 00010 0 1479 09712395 5107 |

4. ACADEMIC DETAILS

a) If currently studying or working at a university

|  |  |
| --- | --- |
| **Home University**    **Faculty/Department/Programme** | **Level of Study**  Bachelor  Master  PhD  Other |

b) If applying independently from a university

|  |  |
| --- | --- |
| **University of graduation:**    **Faculty/Department/Programme** | **Level of Education**  Bachelor  Master  PhD Other |

5. APPLICATION DETAILS

a) Application Dates

|  |  |
| --- | --- |
| **Academic Year** 20     /20 | |
|  | Full Academic Year (September –June)  1st semester /Fall Semester (September – February)  2nd semester /Spring Semester (February – June)  \*Please write your exact dates of expected stay……………………………………….. |

b) Faculty/Department/Programme applied to at OMU\*

|  |  |
| --- | --- |
| **Faculty/Department/Programme:** | **Level of Study:**  Bachelor  Master  PhD  Other |

**\*Please be advised that the final decision to which Faculty/Department/Programme the student/staff/researcher/trainee/observer will be placed is made by the University.**

**TO BE COMPLETED BY STUDY STUDENTS ONLY**

6. A) LANGUAGE PROFICIENCY

|  |
| --- |
| Medium of instruction at OMU is Turkish. However Exchange students are entitled to take courses in English. Please bear in mind that in order to be able to follow courses at OMU, students are strongly recommended to have adequate level of Turkish or English B1 level language competence according to Common European Framework of Reference for Languages (<http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>) or **TOEFL (ibt) score of 79** or **IELTS score of 6,5**. |
| Native Advanced Good Intermediate Elementary No ability  English    Turkish :  Other :  Score of Language Certificate………………………………………………………………………………………. |

**TO BE COMPLETED BY STUDY STUDENTS ONLY**

6. B) COURSES YOU WISH TO UNDERTAKE;

Please bear in mind that the course list will be finalized during the registration period after you arrive at OMU.

***For the list of courses offered:*** [***http://ebs.omu.edu.tr/ebs/index.php?dil=en&***](http://ebs.omu.edu.tr/ebs/index.php?dil=en&)

***Academic Calendar: http://oid.omu.edu.tr/akademik\_takvimler/takvimler.html***

|  |  |  |
| --- | --- | --- |
| Course Code | Course title | ECTS credits |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**7. HOUSING\***

|  |  |  |  |
| --- | --- | --- | --- |
| **I would like OMU to arrange accommodation for me** | **Yes** | |  |
| **No, l will make my own arrangements** | |  |
| **If yes,  please choose one of the below:**   |  |  | | --- | --- | | **Room type** |  | | Single room |  | | Double room |  | | Room for 3 |  | | Room for 4 |  | | [**Please visit the below address for the Dormitory for Boys website.**](https://sks.omu.edu.tr/erkek-ogrenci-yurdu/)  [**https://sks.omu.edu.tr/erkek-ogrenci-yurdu/**](https://sks.omu.edu.tr/erkek-ogrenci-yurdu/)  [**Please visit the below address for the Dormitory for Girls website.**](https://sks.omu.edu.tr/erkek-ogrenci-yurdu/)  [**https://sks.omu.edu.tr/kurumsal/birimler/yurtlar-birimi/atakum-kiz-ogrenci-yurdu/**](https://sks.omu.edu.tr/kurumsal/birimler/yurtlar-birimi/atakum-kiz-ogrenci-yurdu/) | | |
| **Accommodation wanted:** | **From:** | **To:** | |

\*Your place will be reserved if there is any available room (only for **students**)

8. STATEMENT OF PURPOSE *(MAX. 300 WORDS)*

|  |
| --- |
|  |

9. APPLICANT’S APPROVAL

|  |  |  |
| --- | --- | --- |
| I certify that the information given in this application is complete and accurate to the best of my knowledge. | | |
| **Date** (dd/mm/yyyy)     /    / | **Place:** | **Signature**: |

10. HOST UNIVERSITY’S APPROVAL (to be completed by the contact person at host university)

|  |  |  |
| --- | --- | --- |
| **Responsible person’s name** | | |
| **Graduate School /Faculty/Department** | | |
| **Contact Details:**  **E-mail address** | | |
| **Telephone** (please include country and area codes) | | |
| **Fax** (please include country and area codes) | | |
| **Address:** | | |
| The above mentioned student/staff/researcher/trainee/observer has been accepted by Ondokuz Mayıs University and we agree with the study/training/research/work/observation programme proposed by the student/staff/researcher/trainee/observer. | | |
| **Date** (dd/mm/yyyy)     /    / | **Place** | **Signature & Stamp** |

**IF APPLICABLE,**

11. HOME UNIVERSITY’S APPROVAL (to be completed by the contact person at home university)

|  |  |  |
| --- | --- | --- |
| **Responsible person’s name** | | |
| **Graduate School /Faculty/Department** | | |
| **Contact Details:**  **E-mail address** | | |
| **Telephone** (please include country and area codes) | | |
| **Fax** (please include country and area codes) | | |
| **Address** | | |
| The above mentioned student/staff has been selected by this institution and we agree with the study programme proposed by the student. | | |
| **Date** (dd/mm/yyyy)     /    / | **Place** | **Signature & Stamp** |

|  |
| --- |
| **International Collaboration Office**  **Contact Person:** Birol KURT  **E-mail address:** [birol.kurt@omu.edu.tr](mailto:birol.kurt@omu.edu.tr)  **Telephone:**  +90-362-3121919 (Ext.1609)  **Fax:**  +90-362-4576091  **Address:**  International Relations Office  Ondokuz Mayıs University  55200 Atakum-Samsun  Türkiye |

|  |  |  |
| --- | --- | --- |
| **Reference No:** | **Date** (dd/mm/yyyy)     /    / | **Signature & Stamp** |

**12. CHECKLIST**

|  |  |
| --- | --- |
|  | Ondokuz Mayıs University Application Form for Incomers |
|  | Copy of Passport |
|  | Copy of Diploma or Medical Specialisation Degree |
|  | Transcript of Records |
|  | Medical Certificate from a General Hospital with its certified translation if the original is not Turkish or English (The following tests are required: Hepatitis B, Hepatitis C, HIV serologic, PPD or Interferon Gama for tuberculosis) |
|  | Health Insurance covering the period of stay at our university (**!**recommended to be completed after receiving approval from the relevant unit) |
|  | **Application Deadlines**:  **Fall Semester: 15 June**  **Spring Semester: 15 November**  The placement/internship mobility period of the Faculty of Medicine is between  July 15 -September 01 for each academic year. Applications submitted after June 15 will be evaluated in the following academic year. |