**PLEASE COMPLETE ELECTRONICALLY**

1. PERSONAL DETAILS

|  |  |
| --- | --- |
| **Family name** | **First name(s)** |
| **Date of birth**    /    /      (dd / mm / yyyy)  **Place (city)of birth** | Male  Female |
| **Student ID No:** | **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 |

4. ACADEMIC DETAILS

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

5. APPLICATION DETAILS

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

**TO BE COMPLETED BY STUDY STUDENTS ONLY**

6. A) LANGUAGE PROFICIENCY

|  |
| --- |
| Students are strongly recommended to have adequate level of 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 AT HOST UNIVERSITY;

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

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

|  |
| --- |
|  |

8. 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** |

9. 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/researcher/trainee/observer has been selected 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** |

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 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.5727)  **Fax:**  +90-362-4576091  **Address:**  International Relations Office  Ondokuz Mayis University  55200 Atakum-Samsun  Türkiye |

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

**11. CHECKLIST**

|  |  |
| --- | --- |
|  | Ondokuz Mayıs University Application Form for Outgoers |
|  | Copy of Turkish ID and Student ID |
|  | 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) |
|  | Health Insurance covering the period of stay at host university |
|  | *Upon the completion of the application form, please send all forms to the* ***International Relations Office at your University*** *before the Application* ***Deadline (Academic Year/Fall Semester: May 31, Spring Semester: November 15)*** |