**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 **Telephone:**  +90-362-3121919 (Ext.5727)**Fax:**  +90-362-4576091**Address:** International Relations OfficeOndokuz Mayis University 55200 Atakum-SamsunTürkiye  |

|  |  |  |
| --- | --- | --- |
| **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)*** |