Kastamonu University
Application Form for Student Mobility

(Please use capital letters and complete the form electronically.)

photo

Mobility Programme:
☐ Bilateral Agreement

Sending Institution:

Name, Full address		
Institutional Coordinator	Name:	e-mail:
	Phone:	

Student's Personal Data:

First name(s):	Family name:
Date of birth:	☐ male ☐ female
Country of birth:	Place of birth:
Citizenship/nationality:	Passport number:
Current address: (Street, number, postal code, city, country)	Permanent address: (if different)
Phone:	e-mail:
Please name any disability, special needs or medical condition you have:	

Period of Intended Mobility

Academic year: 20../20.. (please state the academic year you wish to attend, e.g. 2020/2021)
Semester: *(please tick only one)* ☐ Autumn (October 2021–January 2022) ☐ Spring (February 2022–June 2022) ☐ Full academic year (October 2021–June 2022) ☐ Other: …

Current Study:

Level of study: ☐ Associate(2-year) ☐ Bachelor's (4-year) ☐ Master's ☐ Doctoral studies
Field of study/Department:
Completed years of higher education prior to departure:

Additional Information

Please describe briefly why you wish to study abroad at Kastamonu University:

English Language competence (If any)

Native language:	
Foreign language(s):	
Language(s) and test results*	Level of competence (CEFR)
	☐ B1 ☐ B2 ☐ C1 ☐ C2
	☐ B1 ☐ B2 ☐ C1 ☐ C2

**If you have taken a language test, please write your test result as well.*

Turkish Language competence (If any)

Native language:	
Foreign language(s):	
Language(s) and test results*	Level of competence (CEFR)
	☐ B1 ☐ B2 ☐ C1 ☐ C2
	☐ B1 ☐ B2 ☐ C1 ☐ C2

**If you have taken a language test, please write your test result as well.*

Permission and declaration

I give the University permission to verify the information given in this form and to use my details for academic purposes only. ☐ Yes ☐ No
I give the University permission to use my details (name, e-mail, field of study etc.) to help me find a fellow student 'Buddy' during my mobility period in Kastamonu, Turkey. ☐ Yes ☐ No
I hereby declare that all information provided in this application form is correct. I will notify the University if there are changes regarding the information given in this form.
Date, place:
Student's signature:

Receiving Institution

To be signed by Kastamonu University (the receiving university)	
The above mentioned student is ☐ accepted at our institution. ☐ not accepted at our institution.	
Departmental coordinator	Institutional coordinator
(name, date, signature)	*(name, date, signature, stamp)*

(You do not have to print this page when applying)

Please send this form along with following documents:

- Filled Application form and Curriculum Vitae (CV)
- Official Letter of Acceptance (as a formal request and confirmation letter regarding the specific recognition of the study period (the dates) from the International Office of sending institution)
- Transcript of records for bachelor students or graduated diploma for the MSc / PhD students.
- Letter of intention/a research proposal
- A photocopy of the passport

Please send the fully completed form and supporting documents to the corresponding office at Kastamonu University via e-mail. After receiving your documents, we will send your official invitation letter to you via e-mail.

	Corresponding Office	**E-mail**	**Address**
If you are studying at a university with whom Kastamonu University has a student exchange agreement other than Erasmus or Mevlana. **The bilateral agreement must be signed beforehand between Kastamonu University and Sending University.**	KU Bilateral Agreements and Protocols Office	cooperation@kastamonu.edu.tr	İkili Anlaşmalar ve İşbirliği Koordinatörlüğü Kastamonu Üniversitesi Rektörlüğü Kuzeykent, 37150, Kastamonu, Turkey