

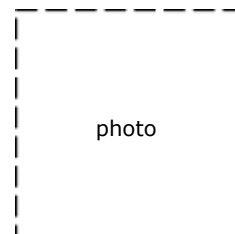


Kastamonu University
Application Form for Student Mobility

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

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 (name, date, signature)	Institutional coordinator (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 <u>other than Erasmus or Mevlana</u> . <u>The bilateral agreement must be signed beforehand between Kastamonu University and Sending University.</u>	KU Bilateral Agreements and Protocols Office	cooperation@kastamonu.edu.tr	İkili Anlaşmalar ve İşbirliği Koordinatörlüğü Kastamonu Üniversitesi Rektörlüğü Kuzeykent, 37150, Kastamonu, Turkey