

APPLICATION FOR GRADUATE PROGRAMS

Please complete all sections of this form and return it with the required documents to the following address: Sabancı University, Student Resources, Orhanlı 34956 Tuzla İstanbul / Turkey. This form can be photocopied. Please type or print in black ink. Incomplete applications may not be taken into consideration. Please visit our website www.sabanciuniv.edu to get further information on admissions and applications. You may also contact Student Resources via phone +90 (216) 483 9090 or e-mail studentinfo@sabanciuniv.edu

SUBMIT A COPY OF THE COMPLETED FORM AND OTHER REQUIRED DOCUMENTS IF YOU ARE APPLYING FOR TWO PROGRAMS.

Student / Prospect ID (Office Use Only) :

PERSONAL INFORMATION

Last Name : _____
 First and Middle Names : _____
 Male/Female : _____
 Single/Married : _____
 Place of Birth (City/Country) : _____
 Date of Birth (Day/Mo./Year) : _____

TC No :

Previous Last Name :

Citizenship :

Country of Permanent Residence :

Native Language :

Other Language(s) and Level of proficiency in written and spoken
(1 – elementary 4 – excellent)

CONTACT INFORMATION

1. Address for Correspondence (mailing address)

2. Permanent Address (if different from Address 1)

City / Country :

City / Country :

Phone :

Area Code

Number

Extension

Phone :

Area Code

Number

Extension

Mobile :

Area Code

Number

E-mail :

PROGRAM(S) APPLIED : CHOICE OF STUDY

Academic Year and Semester (Fall / Spring) :

FIRST Choice Program of Study

Master / Doctorate :

SECOND Choice Program of Study

Program / Study Area :

Choose among the list below:

Faculty of Engineering and Natural Sciences

- Biological Sci. & Bioengineering	M.Sc.	Ph.D.	*
- Electronics Eng. & Computer Sci. / Computer Science	M.Sc.	Ph.D.	*
- Electronics Eng. & Computer Sci. / Mechatronics	M.Sc.		
- Electronics Eng. & Computer Sci. / Microelectronics	M.Sc.		
- Electronics Eng. & Computer Sci. / Telecommunications	M.Sc.		
- Industrial Engineering	M.Sc.	Ph.D.	*
- Information Technology	M.Sc.		
- Materials Science and Engineering	M.Sc.	Ph.D.	*
- Mathematics	M.Sc.	Ph.D.	*
- Leaders for Industry / Electronics Eng. & Computer Sci. & Management	M.Sc.		
- Leaders for Industry / Industrial Eng. & Management	M.Sc.		
- Leaders for Industry / Material Sci. and Eng. & Management	M.Sc.		

* Ph.D. programs that accept B.S./ B.A. graduates in addition to M.Sc./ M.A. degree holders.

Please specify whether you apply with your Master's diploma or Bachelor's diploma.

Faculty of Arts and Social Sciences

- Economics	M.A.		
- European Studies	M.A.		
- History	M.A.	Ph.D.	
- Political Sciences	M.A.	Ph.D.	
- Political Sciences / Conflict Analysis & Resolution	M.A.		

Graduate School of Management

- Management, M.B.A.	M.B.A.	Ph.D.	
- Executive Management, M.B.A.	M.B.A.		

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PREVIOUS ACADEMIC BACKGROUND– Universities & High Schools

Official Transcripts are required for submission. Please start from the most recent program.

TEST SCORES DETAILS

Documents submitted (please check our website for the required documents)

Test	Test Date			Score (s) Achieved		
LES						
	Day	Month	Year	Verbal	Quantitative	Equal Weight
GRE						
	Day	Month	Year	Verbal	Quantitative	Analytical Writing
GMAT						
	Day	Month	Year	Verbal	Quantitative	Total
TOEFL						
	Day	Month	Year	Section 1	Section 2	Section 3
KPDS						
	Day	Month	Year	Total	Will the Sabanci University English Language Assessment Exam (SU ELAE) be taken in lieu of TOEFL, KPDS, UDS, or IELTS?	
UDS						
	Day	Month	Year	Total		
IELTS						
	Day	Month	Year	Total	Yes / No	
SU ELAE						
	Day	Month	Year	Total		

APPLICATIONS TO OTHER UNIVERSITIES

Please indicate your applications to other universities' graduate programs.

Institution and Location (City / Country)	Program(s) Applied	Expected Date of Admission Response

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EMPLOYMENT INFORMATION

Current or most recent employment

Position :

Employer :

Address :

City / Country :

Total Years of Professional Experience :

Dates of Employment (Mo./Year)

From : To :

Phone :

Area Code

Number

Extension

Brief Summary of Responsibilities:

AWARDS & RECOGNITION

Any distinctions, honors, and / or awards received

FINANCIAL INFORMATION

How do you plan to finance your graduate study at Sabancı University ? Check the suitable box.

Self-funded

Co-funded

Scholarship

Employee financing

Other Please specify :

SOURCE OF KNOWLEDGE ABOUT SABANCI UNIVERSITY GRADUATE PROGRAMS

How did you learn or hear about Sabancı University (SU) Graduate Programs? Check the appropriate box(es).

SU student

SU employee

Friends / family

Print / visual media

SU Website

SU recruitment activites

Other Please specify :

FURTHER INFORMATION IN SUPPORT OF APPLICATION

Please feel free to provide any further information you may feel is helpful.

STATEMENT OF PURPOSE (Required)

Discuss, on a separate paper, your personal and professional objectives and in what ways they relate to your choice of a graduate study program at SU. What are your main interests in undertaking this program, what do you hope to achieve by completing the program, and which aspects of the program do you regard as central in assisting you to attain your achievements?

Check the application requirements of the program(s) you are applying.

PROGRAM SPECIFIC APPLICATION REQUIREMENTS

Some programs require extra information about the applicant in specific areas. Check the application requirements of the program(s) you are applying.

LETTER OF RECOMMENDATION (Required)

Please refer to the *Letter of Recommendation* at the back of the form. Check the application requirements of the program(s) you are applying.

DECLARATION

I certify that the information presented in this application form is true, complete, and accurate to the best of my knowledge and that no information requested or other material information has been omitted.

Applicant's Name & Signature :

Date of Signature :

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LETTER OF RECOMMENDATION

Additional sheets may be attached if necessary. Please return all documents to the applicant in an envelope.
To ensure confidentiality, SEAL THE ENVELOPE AND SIGN IT ACROSS THE SEAL. We thank you in advance for your time and effort.

Applicant's Name :						
Academic Year / Semester :			Program Applied :			
Recommender's Name :						
Position or Title :						
Organization :						
Correspondence Address :						
City / Country :						
Phone :	Area Code	Number	Ext.			
E-mail :						
How long have you known the applicant?						
In what capacity have you known the applicant? Please be specific.						
What do you consider the applicant's most outstanding abilities or characteristics?						
What do you consider the applicant's most noticeable weaknesses or developmental needs?						
Please give us your appraisal of the applicant in terms of qualities listed below (check the appropriate column). To what reference group (e.g., student, employee) is the applicant being compared?						
Leadership potential	Outstanding	Excellent	Good Top	Average	Below Average	Not Observed
Ability to analyze and formulate problems						
Communication skills						
Academic background						
Creativity						
Critical thinking						
Ideal seeking						
Initiative taking						
Integrity						
Motivation for proposed field of study						
Team work and interpersonal skills						
Social responsibility and environmental consciousness						
Please feel free to comment on the ratings that you have assigned on the above table and to provide the Admissions Committee with any additional information helpful in considering this applicant's admission for the graduate program.						
Recommender's Name & Signature :				Date of Signature :		