

**STUDENT EXCHANGE APPLICATION FORM
(FOR INTERNATIONAL APPLICANTS ONLY)**

1) NAME AND FAMILY NAME			
2) FULL NAME OF THE HOME UNIVERSITY			
3) POSTAL AND WEB ADDRESSES OF THE HOME UNIVERSITY			
4) LEVEL OF STUDY AT THE HOME UNIVERSITY	<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior
	<input type="checkbox"/> Senior	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctoral
5) DIPLOMA PROGRAM/DEGREE YOU ARE CURRENTLY STUDYING			
6) GENDER (M/F)	<input type="checkbox"/> Female	<input type="checkbox"/> Male	
7) NATIONALITY			
8) DATE AND PLACE OF BIRTH			
9) NAME AND CONTACT INFORMATION OF THE ADVISOR AT HOME UNIVERSITY /(if any)			
10) HAVE YOU EVER STUDIED ABROAD IF YES, WHEN? AT WHICH INSTITUTION?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11) BRIEFLY STATE THE REASONS WHY YOU WISH TO STUDY AT SU ? (maximum of 1500 characters with spaces)			
12) HOW DO YOU PLAN TO FINANCE YOUR STUDY AND LIVING EXPENSES AT SU?			
13) WORK EXPERIENCE & INTERNSHIP RELATED TO THE CURRENT FIELD OF STUDY			
NAME OF THE EMPLOYER	TYPE OF WORK	FROM TO DATES (MONTH AND YEAR)	
1-		to	
2-		to	
3-		to	

14) LANGUAGE COMPETENCE

Mother tongue:

Language of instruction at home institution (if different):

Other languages	I am currently studying this language		I have sufficient knowledge to follow lectures and fulfill the requirements of the courses		I have very limited /insufficient knowledge of this language	
	Yes	No	Yes	No	Yes	No
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15) CURRENT ADDRESS

16) PHONE NUMBER

17) E-MAIL ADDRESS

18) PERMANENT ADDRESS

19) DO YOU HAVE ANY SPECIAL HEALTH CONDITIONS?
IF YES PLEASE EXPLAIN.

Yes No

20-A) DO YOU REQUIRE ASISTANCE FROM SABANCI UNIVERSITY IN FINDING ACCOMODATION?

Yes No

20-B) IF YOU HAVE A SPECIAL REQUESTS IN TERMS OF ACCOMODATION PLEASE INDICATE HERE.

I certify that all the information I have provided on this form is correct. I accept that any misleading information on this form may disqualify my application.

NAME AND SIGNATURE OF THE APPLICANT

DATE OF SIGNATURE (DD/MM/YR)

APPLICANT'S CHECK LIST

Please include all of the following documents in your application package.

- Completed and signed Application Form
- Official Transcript of Records (on a letterhead, in a closed and sealed envelope)
- Dormitory Application Form

Please fill in the application form, print out, sign and return along with the above-mentioned documents to the following address:

International Office
 Research and Graduate Policies Directorate
 Sabancı University, Orhanlı 34956 Tuzla
 GSM Building
 Room number: 1050/1058
 Tel: 216 483 9100
 E-mail: socrates@sabanciuniv.edu or exchange@sabanciuniv.edu

For Official Use Only

- Application package is complete

Application package is received by:..... on(date)

Application Number: