

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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
20-A) DO YOU REQUIRE ASISTANCE FROM SABANCI UNIVERSITY IN FINDING ACCOMODATION?	<input type="checkbox"/> Yes <input type="checkbox"/> 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
Sabanci University, Orhanli 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: