

**STUDENT EXCHANGE APPLICATION FORM FOR  
SU STUDENTS ONLY**

1) STUDENT NUMBER	
2) NAME AND LAST NAME	
3) ENTRANCE DATE TO THE UNIVERSITY (mm/dd/yy)	
4) NAME OF THE HIGH SCHOOL ATTENDED (for undergraduate level applicants) NAME OF THE UNIVERSITY ATTENDED (for graduate level applicants)	
5) LEVEL OF STUDY	<input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral
6) FACULTY	
7) DIPLOMA PROGRAM	
8) CUMULATIVE GPA	
9) GENDER (M/F)	<input type="checkbox"/> Female <input type="checkbox"/> Male
10) NATIONALITY	
11) NAME OF THE ADVISOR	
12) ARE YOU OR HAVE YOU EVER BEEN ON DISCIPLINARY PROBATION?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13) INVOLVEMENT IN VOLUNTEER OR SOCIAL WORK, STUDENT CLUBS (PLEASE SPECIFY)	
14) PREFERRED EXCHANGE PROGRAM	<input type="checkbox"/> Socrates- Erasmus Exchange Program <input type="checkbox"/> Other Exchange Program <input type="checkbox"/> Both
15) INDICATE 3 UNIVERSITIES IN THE ORDER OF PREFERENCE BELOW (Universities should be selected among the university lists for each exchange program at the <a href="http://www.sabanciuniv.edu/socrates/soc.html">http://www.sabanciuniv.edu/socrates/soc.html</a> and <a href="http://www.sabanciuniv.edu/exchange">www.sabanciuniv.edu/exchange</a> web pages)	
1. PREFERENCE	
2. PREFERENCE	
3. PREFERENCE	
16) WOULD YOU ACCEPT TO GO SOMEWHERE ELSE IF YOU WERE NOT PLACED IN ANY OF YOUR PREFERENCES?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17) DO YOU HAVE A DEFINITE PREFERENCE FOR WHICH SEMESTER YOU WISH TO STUDY ABROAD? IF YES, SPECIFY. IF NO, THE EXCHANGE COMMITTEE RESERVES THE RIGHT TO CHOOSE A SEMESTER FOR YOU, IF NECESSARY	<input type="checkbox"/> Fall <input type="checkbox"/> Spring
18-A) DO YOU REQUIRE ASISTANCE FROM HOST UNIVERSITY IN FINDING ACCOMODATION?	
18-B) IF YOU HAVE A SPECIAL REQUESTS IN TERMS OF ACCOMODATION PLEASE INDICATE HERE	

19- MOTIVATION LETTER (maximum of 2500 characters with spaces)

20-A) TYPE OF SCHOLARSHIP/LOAN GRANTED BY SABANCI UNIVERSITY UG:Undergraduate GR: Graduate	
20-B) SCHOLARSHIP/LOAN GRANTED BY OTHER INDIVIDUALS OR INSTITUTIONS	
21) NET MONTHLY INCOME OF THE FAMILY. ALSO INDICATE THE TYPES OF INCOME (salary, interest, rent, etc..)	
22) HOW DO YOU PLAN TO FINANCE YOUR STUDY ABROAD?	
23) WORK EXPERIENCE & INTERNSHIP RELATED TO THE CURRENT STUDY	
<b>NAME OF THE EMPLOYER</b>	<b>TYPE OF WORK</b>
1-	to
2-	to
3-	to

24) LANGUAGE COMPETENCE		
LANGUAGES	Level (In general)	How it is learned
1-	<input type="checkbox"/> Poor <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent	
2-	<input type="checkbox"/> Poor <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent	
3-	<input type="checkbox"/> Poor <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent	
25) CELLULAR PHONE NUMBER (i.e. 216 483 9000)		
26) HOME OR DORM NUMBER (i.e. 216 483 9000)		
27) E-MAIL ADDRESS		
28) PERMANENT ADDRESS		
29) ADDITIONAL INFORMATION		
30) PREFERRED DATES AND HOURS FOR INTERVIEW		

I declare that I have read all the related policies and procedures of SU regarding the exchange programs and I understand all the information. I certify that all the information I have provided on this form is correct and I also accept that in case of misleading information on this form will 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 materials in your application package.

- ☐ Completed and signed Application Form
- ☐ Transcript of Records
- ☐ Foreign Language Certification (except for English)
- ☐ Financial Adequacy Form
- ☐ Also please do not forget to have an interview with your advisor and CIAD consultants.

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

European Office & International Office  
 Research and Graduate Policies Directorate  
 GSM Building  
 Room number: 1050/1058  
 Tel: 216 483 9100  
 E-mail: [Socrates@sabanciuniv.edu](mailto:Socrates@sabanciuniv.edu) or [exchange@sabanciuniv.edu](mailto:exchange@sabanciuniv.edu)

#### For Official Use Only

☐ Application package is complete

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

**Application Number:**