PAMUKKALE UNIVERSITY
ERASMUS+ STUDENT APPLICATION FORM
ACADEMIC YEAR 2015/2016

This application should be completed in BLACK in order to be easily copied and/or faxed.

The deadlines: 31st of July for winter and the full academic year
15th of December for the summer semester

FIELD of STUDY:
SEMESTERS : full ☐ winter ☐ summer ☐

SENDING INSTITUTION:

Name and Full Address: 
ID CODE: 
ERASMUS+ Institutional Coordinator: 
Tel: 
Fax: 
E-mail: 
Faculty: 
Department: 
Faculty / Departmental Coordinator: 
Tel: 
Fax: 
E-mail: 

STUDENT’S PERSONAL DATA:

Family Name: 
First Name(s): 
Date of Birth: 
Sex: 
Nationality: 
Place of Birth: 
Marital Status: 
E-Mail: 
Current Address: 
Permanent Address (IF DIFFERENT): 
Current Telephone: 
Permanent Telephone (IF DIFFERENT): 

Pamukkale University - International Relations Office
Tel: +90 258 296 29 73 +90-258-296 23 56 Fax: +90 258 296 23 43
E-mail: internationaloffice@pau.edu.tr Web: http://pau.edu.tr/uluslararasi
Address: Kınıklı Kampüsü, Rektörlük Binası, 1. Kat TR-20160 DENIZLI / TURKEY
### HOST INSTITUTION:

<table>
<thead>
<tr>
<th>Name and Full Address</th>
<th>ID CODE: TR DENIZLI01</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAMUKKALE UNIVERSITY</td>
<td></td>
</tr>
<tr>
<td>Kınklı Kampüsü Rektörlük Binası Kat:1</td>
<td></td>
</tr>
<tr>
<td>20160-Kınklı-DENİZLİ-TURKEY</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Erasmus+ Institutional Coordinator</th>
<th>Tel: +90-258-296 3352</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Selçuk Toprak</td>
<td>Fax: +90-258-296 3382</td>
</tr>
<tr>
<td>Faculty:</td>
<td>E-mail: <a href="mailto:stoprak@pau.edu.tr">stoprak@pau.edu.tr</a></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Faculty / Departmental Coordinator</th>
<th>Tel:</th>
<th>Fax:</th>
<th>E-mail:</th>
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### PREVIOUS and CURRENT STUDIES:

- **Diploma degree for which you are currently studying:**
- **Subject area code:**

<table>
<thead>
<tr>
<th>Duration</th>
<th>Years</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>First year of studies</th>
</tr>
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<tbody>
<tr>
<td>Expected date of conclusion:</td>
</tr>
<tr>
<td>Academic year you are currently studying in:</td>
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<table>
<thead>
<tr>
<th>Have you studied abroad previously?</th>
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<tbody>
<tr>
<td>Yes ☐ No ☐</td>
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</table>

If yes when at which institution?

### Work Experience Related to Current Study (if relevant)

<table>
<thead>
<tr>
<th>Type of work experience</th>
<th>Firm/Organization:</th>
<th>Date:</th>
<th>Country:</th>
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### LANGUAGE SKILLS:

<table>
<thead>
<tr>
<th>Mother Language</th>
<th>Language of instruction at home institution(if different)</th>
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</thead>
<tbody>
<tr>
<td>Other Languages</td>
<td>I am currently studying this language</td>
</tr>
<tr>
<td>-----------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
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Pamukkale University - International Relations Office  
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Web: [http://pau.edu.tr/uluslararasi](http://pau.edu.tr/uluslararasi)  
Address: Kınklı Kampüsü, Rektörlük Binası, 1. Kat TR-20160 DENIZLI / TURKEY
What qualifications do you have in Foreign Languages e.g. EFL, TOEFL, IELTS, TestDaF? (Where and when obtained)

PERIOD of STUDY at PAMUKKALE UNIVERSITY:

<table>
<thead>
<tr>
<th>Duration of Stay (in months)</th>
<th>Expected Date of Arrival</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Day/Month/Year: <em><strong>/</strong></em>/_____</td>
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Period of Study: from ___/___/____ to ___/___/____

ADDITIONAL DOCUMENTS TO BE PRESENTED upon ARRIVAL at THE HOST INSTITUTION:

- Copy of legal ID card or passport
- Copy of the registration at the home institution or university card
- Health insurance
- 4 Passport type photographs
- Completed Learning Agreement (3 sets of originals)
- Up to date transcript
- Information about ID card

ACCOMMODATION:

Accommodation requests will only be considered when the form is submitted at least 2 months before the expected date of arrival.

Do you need Accommodation? Yes ☐ No ☐

Precise Date of Arrival: __________ Date of Departure: __________

Fill in by Order of Preference
☐ Hall of Residence
☐ Flat

To be Completed by receiving Institution

Address: __________ Telephone: __________

Student’s Signature: __________ International Office of the Sending Institution Responsible Person’s Signature and Stamp: __________

Date: __________