



**ESKİŞEHİR TEKNİK ÜNİVERSİTESİ**  
ESKİŞEHİR TECHNICAL UNIVERSITY

**ERASMUS+ KA171 (2022-1-TR01-KA171-HED-000069220,  
2023-1-TR01-KA171-HED-000167433)  
INCOMING STUDENT APPLICATION FORM**

ACADEMIC YEAR: 20(24)-20(25)

**Student Personal Data**

Family Name		
First Name		
Date of Birth		
Place of Birth		
Nationality		
Sex		
E-mail address		
Mobile Phone		
Current telephone:		
Permanent telephone:		
Current address:		
Permanent Address:		

**Sending Institution**

Name	
Departmental Coordinator	
Name:	
E-mail:	
Tel:	
Fax:	
Signature:	
Institutional Coordinator	
Name:	
E-mail:	
Tel:	
Fax:	
Signature:	

**Receiving Institution**

Name	Eskisehir Technical University
Full Address	Uluslararası İlişkiler Birimi Eskişehir Teknik Üniversitesi İki Eylül Kampüsü 26555 Tepebaşı / ESKİŞEHİR TÜRKİYE
Erasmus Code	TR ESKISEH03
Country	Turkey
Faculty <i>Faculty you will study in receiving institution</i>	
Department <i>Department you will study in receiving institution</i>	
Period of Study	
From:	
To:	

Briefly state the reasons why you wish to study receiving institution?	
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### Language Competence

Mother Tongue	
The Educational Language in Your Home Institution	

### Previous and Current Study

Department you attend in your country:	
Diploma/degree for which you are currently studying:	
Number of higher education study years prior to departure abroad:	
Have you already been studying abroad?	
If yes, when and at which Institution:	

<b>I herewith confirm that the information given is correct and complete.</b>	
Student signature	
Date	

### Receiving Institution

We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate's Transcript of records.			
The above-mentioned student is;		<input type="checkbox"/> accepted at our institution <input type="checkbox"/> not accepted at our institution	
Departmental Coordinator		Institutional Coordinator Signature	
Name		Name	Assoc. Prof. Dr. Saye Nihan ÇABUK
Date		Date	
Signature		Signature	

## HOUSING APPLICATION FORM

Family Name	
First Name	
Date of Birth	
Place of Birth	
Nationality	
Sex	

Any Disability/Special Needs	
Did you have any allergic or infectious illness (describe)?:	

Do you smoke	Yes: ..... No: .....
Which gender should be your flat-mate:	Male: ..... Female: ..... Does not matter: .....
Special dietary:	
How many people do you want to share the flat with	: .....
If you want to share your flat with your friend(s), please specify	: .....
Do you want to share your room	Yes: ..... No:.....

\*The most appropriate match will be tried to arrange for you according to your preferences.

\*This accommodation will be your permanent place!

Mailing Address	Eskişehir Teknik Üniversitesi İki Eylül Kampüsü 26555 Tepebaşı / ESKİŞEHİR TÜRKİYE
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