

1. FIELD OF STUDY	
Faculty/Institute/School:	
Department:	

2. STUDENT'S PERSONAL DATA			
Family Name:		First Name:	
Date of Birth:		Place of Birth:	
Sex:		Nationality:	
Turkish ID Number:		Transcript(GPA):	
Participated Erasmus?:		Any disability?:	
Child of martyr/veteran?:		Under Protection?:	

3. STUDENT'S PERMANENT ADDRESS			
Address :			
Postal Code:		City:	
Country:		Phone:	
E-mail:			

4. INSTITUTION DATA (Sending Institution)			
Name of University:	Recep Tayyip Erdogan University		
Address:	Erasmus Office, Recep Tayyip Erdogan University, 53100, Rize TURKEY		
Erasmus Code:	TR RIZE01	Country:	TURKEY
Email:	erasmus@erdogan.edu.tr	Tel:	+90 464 223 61 26

5. INSTITUTIONAL COORDINATOR (Sending Institution)			
Title/Name Surname:	Asst. Prof. Dr. Ozan SELÇUK		
Department:	Erasmus Office		
Email:	ozan.selcuk@erdogan.edu.tr	Tel:	+90 464 223 61 26 (Ext.4257)

6. DEPARTMENTAL COORDINATOR (Sending Institution)	
Title/Name Surname:	
Department :	
Email:	
Tel :	

7. LIST OF INSTITUTIONS YOU WISH TO STUDY (in order for your preference)

University	Country	Erasmus Code

Briefly state the reasons why you wish to study abroad (in English) - at least 100 words

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8. LANGUAGE COMPETENCE

Mother Tongue:			
Other Languages	I am currently studying this language	I have sufficient knowledge to follow lectures	I would have sufficient knowledge to follow lectures if I had some extra preparation

I hereby declare that the above-mentioned data is correct.

Date: __ / __ / 20__ Place: Rize Student's signature:

9. CONFIRMATION (to be filled by receiving institution)

Departmental Coordinator (name, sign) :	Institutional Coordinator (name, sign and stamp) :
____ / ____ / 20__ Sign:	Teach. Asst. Ozan SELÇUK Erasmus Institutional Coordinator ____ / ____ / 20__ Sign:

**Erasmus Office
Recep Tayyip Erdogan University**

For any queries, please do not hesitate to contact:

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