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| **PERSONAL INFORMATION** | |
| Name(s) |  |
| Surname |  |
| Date of birth |  |
| Place of birth |  |
| Citizenship(s) |  |
| Passport No |  |
| Sex | * Male  Female |
| Mobile |  |
| E-mail address |  |

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| **INSTITUTION INFORMATION** | |
| Name of the Institution |  |

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| **EDUCATION & QUALIFICATIONS** | |
| Study programme |  |
| Year of graduation |  |

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| **LANGUAGE SKILLS** | |
| 1) Language Fluent  Good  Moderate  Limited  None  2 Language Fluent  Good  Moderate  Limited  None  3 Language Fluent  Good  Moderate  Limited  None  | |
| Will you be studying the language of the host institution | Yes  No  |

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| **INSURANCE DECLARATION** |
| This is to confirm that I am responsible from my individual health insurance during my visit to Bezmialem Vakif University and its Hospital. I take full responsibility during the period I spend in BVU and its Hospital.  **IMPORTANT:** You also need to purchase occupational accident insurance. The host institution has no responsibility. |

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| **HEALTH DECLARATION** | |
| Do you have a disability for which special arrangements may be needed to be considered for purposes of work? | Yes  No  |

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| **EMERGENCY CONTACT** | |
| Person to be notified in case of emergency |  |
| Name, Surname |  |
| Telephone(s) |  |

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| **I CERTIFY THAT THE INFORMATION GIVEN IS CORRECT** |
| Student: Date: Signature: |