Photo

**Erasmus+ KA171**

**Application form for Erasmus+ STUDENT mobility (with partner countries)**

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| **Application details** |
| Academic year: | 20…-20… |
| Project number: | 2022-1-TR01-KA171-HED-000069445 |
| Partner country: |  |
| Partner university: |  |
| Type of mobility: | Study |

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| **Personal data** |
| National ID number: |  |
| First Name and Surname: |  |
| Date of birth: |  |
| Place of birth: |  |
| Citizenship/nationality: |  |
| Passport number: |  |
| Gender: | [ ]  Female [ ]  Male |
| Address: |  |
| Phone number: | + |
| E-mail: |  |
| Please name any disability, special needs or medical condition you have: |  |
| Emergency contact person details: |  |
|  |  |
| English language proficency – test score: |  |
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| **Academic information** |
| University: |  |
| Level of study: | [ ]  Bachelor’s[ ]  Master’s[ ]  Doctoral studies |
| Faculty/Institution/School: |  |
| Department/Programme: |  |
| Student number: |  |
| Grade point average: |  |
| Have previously benefited from Erasmus+ student mobility within the same education level: | [ ]  Yes – Dates:[ ]  No |

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| I hereby declare that all information provided in this application form is correct. I will notify the University if there are changes regarding the information given in this form. |
| I give the University permission to verify the information given in this form and to use my details for academic purposes within Erasmus+ programme mobility. |
| Place, Date:  |  |
| Student’s signature: |  |

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