

ISTANBUL MEDİPOL UNIVERSITY
HEALTH, CULTURE AND SPORTS DEPARTMENT
NUTRITION AND DIET COUNSELING CENTER
APPLICATION FORM

DATE: _____

Name-Surname: _____

Date of birth: _____ Your age: _____

Gender: Female Male

Your e-mail address: _____

Your phone number: _____

Are you a student, graduate or staff of Istanbul Medipol University?

Student Graduate Staff External Organization

If you are a student, what grade are you in?

Preparation 1. 2. 3. 4. 5. 6. MA PhD

Which department are you studying? _____

If you are a graduate of our university, please write down the department you graduated from:

If you are a staff member, please write down the department/unit you work in:

Write your reason for applying: _____

Please indicate which of the following days and time slots are suitable for you for the interview appointment.

(Please indicate as many time alternatives as possible)

Monday	Tuesday	Wednesday	Thursday	Friday

You will be contacted via e-mail for a preliminary interview and body analysis. Depending on the intensity, the time for our department to contact you may vary. Thank you for your understanding.

Nutrition and Diet Counseling Center