

ISTANBUL MEDIPOL UNIVERSITY

INCOMING STUDENT INFORMATION FORM

ACADEMIC YEAR & TERM	20 / 20
TERM	() Winter () Spring
FIELD OF STUDY	
<input type="checkbox"/> Pre-degree <input type="checkbox"/> Bachelor's / Undergraduate <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate	

STUDENT'S PERSONAL DATA

Names	
Surname	
Tel	Country Code : Local Code : Tel :
Fax	
E-mail	
Current address	
Permanent address (if different)	
Date of birth	
Place of Birth	
Mother's name	
Father's name	
Sex	
Nationality	

SENDING INSTITUTION

Name in English	
Name in Original Language	
Erasmus Code	
Institutional Coordinator Name, address, tel, fax, e-mail	
Department Coordinator Name, address, tel, fax, e-mail	

Which department of the Istanbul Medipol University do you wish to study?

LANGUAGE COMPETENCE

Mother tongue:

Language of instruction at home institution (if different):

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	
	yes	no	yes	no	yes	no

Signature of Student:

Date

SENDING INSTITUTION

I hereby confirm that the above-mentioned student has been selected as a participant in the Erasmus programme.

Signature of Erasmus Coordinator:

Date :

RECEIVING INSTITUTION (To be filled by HOST INSTITUTION)

We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate's Transcript of records.

The above-mentioned student is

- ☐ provisionally accepted at our institution
☐ not accepted at our institution

Departmental coordinator

Institutional Erasmus Coordinator

Date:

Date: