**SABANCI UNIVERSITY STUDENT APPLICATION FORM**

**(Photo)**

***(original or soft copy)***

***For Traineeship Mobility***

**ACADEMIC YEAR 201. /201.**

***This application have to be completed in computer. Please enclose your Transcript of records.***

**SENDING INSTITUTION**

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| --- |
| *Sabancı Üniversitesi (Sabanci University)*  Contact Person; name, telephone, fax and e-mail:  *Şule Yalçın, +902164839085 Fax:* +90-216-483-90-45*, E-mail: intern@sabanciuniv.edu* |

**STUDENT’S PERSONAL DATA**

|  |  |
| --- | --- |
| First name: .......................................................  Surname (s): .....................................................  Place and Date of birth (dd/mm/yyyy): ...........................................................................  Gender: …….…......... Nationality:.................  T.C. Identification No (Only for Turkish Citizens): …………………..................................................  Current address:...................................................... ..........................................................................................................................................................................................................................................................................................................................  Tel.: ..........................Fax: ...................................  Mobile Tel.: ...........................................................  E-mail: ................................................................... | Faculty or Institute:…….……………………………  Department:…………….……………………………  Level: Undergraduate  Graduate PhD  Section (Class/Thesis): ………………..……………  Student Number: ……………..……………………..  Average Grade of Transcript:……………….……..  Permanent address (if different): ........................................................................................................................................................................................................................................................................................................................................................  Tel.:...................................................................  Fax: ..........................................................................  E-mail: ...................................................................... |

**LANGUAGE COMPETENCE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mother language : ........................................... | | | | | | |
| Other languages | I am currently studying this language | | I have sufficient knowledge to follow the lectures | | I need to study further to be able to follow the lectures | |
|  | Yes | no | Yes | no | yes | No |
| ..........................  .......................... |    |    |    |    |    |    |

**OTHERS**

|  |
| --- |
| Do you have any disability? If Yes; please describe.  .............................................................................................................................................................. |

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| I certify that all the information provided in this form is correct and complete to the best of my knowledge.  Student’s Signature: …………………………….. Date (dd/mm/yyyy) …………………….. |

**ATTACHMENTS**: Please do not forget to attach the following documents to this form.

1. Transcript of records
2. Letter of Company confirmation / invitation /acceptance