**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 PhDSection (Class/Thesis): ………………..……………Student Number: ……………..……………………..Average Grade of Transcript:……………….……..Permanent address (if different): ........................................................................................................................................................................................................................................................................................................................................................Tel.:...................................................................Fax: ..........................................................................E-mail: ...................................................................... |

**LANGUAGE COMPETENCE**

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| --- |
| 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............................................................................................................................................................... |

|  |
| --- |
| 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