



INCOMING ERASMUS STUDENT APPLICATION FORM

Please complete all sections in CAPITAL LETTERS and send a copy by the deadline

Application Deadlines

Semester 1 / Full Year Exchange

End of July (*applications received after this date will be rejected*)

Semester 2 Exchange

End of November (*applications received after this date will be rejected*)

ABOUT YOU

Surname	First Names
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Home Address in your home country

Date of Birth	Nationality
Name of Father	Name of Mother

Sex: MALE / FEMALE	E-mail:
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Any Disability / Special Needs? Please describe
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ABOUT YOUR CURRENT STUDIES

Study Program Title	
Name of the institution where you are currently studying in	Country
ERASMUS ID Code (<i>if known</i>)	

ABOUT YOUR ERASMUS EXCHANGE AT THE BEYKENT UNIVERSITY

<i>Select your Erasmus Exchange Period with X</i>		
Semester 1	Semester 2	Full Academic Year
Date From	Date To	
Which department do you wish to study?		

YOUR LANGUAGE SKILLS

<i>Select your level of English language with X</i>		
Basic	Intermediate	Advanced
English Language Qualifications		

I declare that the information I have given in this application is correct and complete

Your Signature _____ Date _____

Sending Institution
Exchange Tutor responsible for exchange

Name	Signature
Department	Faculty

Receiving Institution
Erasmus Coordinator

Name	Signature
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P.S. : You should include a Learning Agreement with this form

LEARNING AGREEMENT FOR STUDIES

The Student

Last name (s)		First name (s)	
Date of birth		Nationality ⁱ	
Sex [M/F]		Academic year	20../20..
Study cycle ¹		Subject area, Code ⁱⁱ	
Phone		E-mail	

The Sending Institution

Name		Faculty	
Erasmus code (if applicable)		Department	
Address		Country, Country code ⁱⁱⁱ	
Contact person ^{iv} name		Contact person e-mail / phone	

The Receiving Institution

Name		Faculty	
Erasmus code (if applicable)		Department	
Address		Country, Country code	
Contact person name		Contact person e-mail / phone	

Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Planned period of the mobility: from [month/year] till [month/year]

Table A: Study programme abroad

Component' code (if any)	Component title (as indicated in the course catalogue) at the receiving institution	Semester [autumn / spring] [or term]	Number of ECTS credits to be awarded by the receiving institution upon successful completion
			Total:

Web link to the course catalogue at the receiving institution describing the learning outcomes:

[Web link(s) to be provided.]

Table B: Group of educational components in the student's degree that would normally be completed at the sending institution and which will be replaced by the study abroad NB no one to one match with Table A is required. Where all credits in Table A are recognised as forming part of the programme at the sending institution without any further conditions being applied, Table B may be completed with a reference to the mobility window (see guidelines).

Component code (if any)	Component title (as indicated in the course catalogue) at the sending institution	Semester [autumn / spring] [or term]	Number of ECTS credits
			Total:

If the student does not complete successfully some educational components, the following provisions will apply:

[Please, specify or provide a web link to the relevant information.]

Language competence of the student

The level of language competence^{vi} in [the main language of instruction] that the student already has or agrees to acquire by the start of the study period is:

A1 A2 B1 B2 C1 C2

II. RESPONSIBLE PERSONS

Responsible person^{vii} in the sending institution:
Departmental Coordinator

Name: _____ Function: _____

Phone number: _____ E-mail: _____

Institutional Coordinator
Name: _____ Function: _____
Phone number: _____ E-mail: _____
Responsible person^{viii} in the receiving institution:

Name: _____ Function: _____

Phone number: _____ E-mail: _____

III. COMMITMENT OF THE THREE PARTIES

By signing this document, the student, the sending institution and the receiving institution confirm that they approve the proposed Learning Agreement and that they will comply with all the arrangements agreed by all parties. Sending and receiving institutions undertake to apply all the principles of the Erasmus Charter for Higher Education relating to mobility for studies (or the principles agreed in the inter-institutional agreement for institutions located in partner countries).

The receiving institution confirms that the educational components listed in Table A are in line with its course catalogue.

The sending institution commits to recognise all the credits gained at the receiving institution for the successfully completed educational components and to count them towards the student's degree as described in Table B. Any exceptions to this rule are documented in an annex of this Learning Agreement and agreed by all parties.

The student and receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme, responsible persons and/or study period.

The student

Student's signature _____

Date: _____

The sending institution

Responsible person's signature (Departmental Coordinator) _____ Date: _____

Responsible person's signature (Institutional Coordinator) _____ Date: _____

The receiving institution

Responsible person's signature _____

Date: _____

Section to be completed DURING THE MOBILITY

CHANGES TO THE ORIGINAL LEARNING AGREEMENT

I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME

Table C: Exceptional changes to study programme abroad or additional components in case of extension of stay abroad

Component code (if any) at the receiving institution	Component title (as indicated in the course catalogue) at the receiving institution	Deleted component <i>[tick if applicable]</i>	Added component <i>[tick if applicable]</i>	Reason for change ^{ix}	Number of ECTS credits to be awarded by the receiving institution upon successful completion of the component
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
					Total:

The student, the sending and the receiving institutions confirm that they approve the proposed amendments to the mobility programme.

Approval by e-mail or signature of the student and of the sending and receiving institution responsible persons.

Table D: Revised group of educational components in the student's degree that would normally be completed at the sending institution and which will be replaced by the study abroad after changes in the learning agreement. NB no one to one match between Table D on the one hand and Tables A & C on the other hand is required. Where all credits in Table A & C are recognised as forming part of the programme at the sending institution without any further conditions being applied, Table D may be completed with a reference to the mobility window (see guidelines).

Component code (if any)	Component title (as indicated in the course catalogue) at the sending institution	Semester [autumn / spring] [or term]	Number of ECTS credits
			Total:

Please return this application form
 along with 2 photos and passport copy
 by post to:
 Beykent University
 International / Erasmus Office
 Ayazaga, Sisli
 34396, Istanbul
 Turkey

AND

By e-mail to international@beykent.edu.tr

