



ISTANBUL AYDIN UNIVERSITY
INTERNATIONAL ACADEMIC RELATIONS DEPARTMENT

INCOMING EXCHANGE STUDENT APPLICATION FORM

- Completed Incoming Exchange Student Application Form
- Copy of Official Student Transcript
- Copy of Passport
- Learning Agreement
(Home University portion completed and signed)
- Language Certificate

Your recent photograph here.
4x3cm
(taken within 6 months)

Application without photos are

not accepted.
No Staples

SECTION ONE PERSONAL INFORMATION

PERSONAL DETAILS

Name			
Surname			
Father's Name			
Mother's Name			
Passport Number			
Name shown in passport			
Date of Birth	DD	MM	YY
Place of Birth			
Nationality			

PERMANENT ADDRESS

Address			
District		Postal Code	
Email		Telephone	

EMERGENCY CONTACT

Full Name			
Relationship		Telephone	
Address			
District		Postal Code	
Email		Mobile	

SECTION TWO CERTIFICATION OF HEALTH

1. To be completed within 6 months prior to planned arrival in Turkey.
2. To be filled out in either English or Turkish only.
3. To be completed by the physician.

Applicant's Name:

Address:

Telephone:

E-mail:

Personal Medical History Illness (Check "Present", "Past" or "N/A" for all that apply.)

	Present	Past	None	Remarks
Asthma	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cardiac Disease	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cerebral Disease	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diabetes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Epilepsy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kidney Disease	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Neuro Disease	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mental Illness	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuberculosis	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chicken Pox	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rubella	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mumps	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Diseases	<input type="text"/>			

MEDICAL / DISABILITY NEEDS

Allergy Information (Drugs and Other Severe Adverse Reactions)

Food and/or Other Allergies: Are you currently taking any medication?

Yes

No

If yes, details:

Do you have any physical or medical conditions?

Yes

No

If yes, details:

Do you need to take any special medication?

Yes

No

If yes, details:

Is the general state of the applicant's health good enough for him/her to pursue the course of study in Turkey?

Other Remarks

Date of Examination:

Day

Month

Year

Name of Physician

Signature of Physician:

Contact Number

Name and Address of Medical Facility:

SECTION FIVE EXCHANGE APPROVAL

EXCHANGE ADVISOR DETAILS (To be completed by your Department Head or International Relations Office)

Staff Name

Position Title

Email

Telephone

Signature

Approval

Yes

No

Date

SECTION SIX APPLICANT'S DECLARATION

APPLICANT'S DECLARATION AND SIGNATURE

As a participant of the Istanbul Aydin University Student Exchange Program, I hereby agree that I will:

- * Maintain a full-time enrollment as per the enrollment regulations at both home and host institution.
- * Notify the Student Exchange Office at both home and host institution of any changes to my Learning Agreement within two week of the start of classes at the host institution.
- * Abide by the rules and regulations of the host institution at all times.
- * Authorize IAU to release my personal contact details to my next of kin, guardian or other nominated person (as detailed above) in an emergency, and to contact that person on my behalf.
- * Settle all debts with the host institution before I leave to return to my Home University.

I further acknowledge that:

- * It is my responsibility to arrange adequate travel, medical and hospital insurance coverage.
- * It is my responsibility to organize my own accommodation, whether it be directly with the host institution-housing department or independent housing arrangements.
- * It is my responsibility to make my own enquiries regarding visa requirements, and to comply with, any legal obligations arising under Turkish or international law, which are relevant to my personal involvement in the program.
- * IAU will not be liable in any way for any loss, injury, sickness or damage that I may suffer while participating in the program.
- * I declare that the information presented in this application and the accompanying documentation is true and correct.

Applicant's Signature

Date

| D | | M M | | Y Y

Please return this form to:

Istanbul Aydin University
International Academic Relations Office
Florya Yerleşkesi İnönü Cad.No:40
Sefaköy-Küçükçekmece/İSTANBUL

For further information:

International Academic Relations Office
Tel: 0212 444 1 428
Email: international@aydin.edu.tr
Web: international.aydin.edu.tr