



ISTANBUL AYDIN UNIVERSITY
INTERNATIONAL ACADEMIC RELATIONS DEPARTMENT

OUTGOING EXCHANGE STUDENT APPLICATION FORM

ELIGIBILITY

Exchange Student must:

- * Have completed at least 60 ECTS at Istanbul Aydin University.
- * Have at least a 2.5 GPA with no failed courses.
- * Have enough english to be able to study abroad.
- * Satisfy host institution's and host country's entry requirements.
- * Be a good ambassador for Istanbul Aydin University.
- * Have no academic misconduct.

WHAT TO SUBMIT / CHECKLIST

- Outgoing Exchange Student Application Form
- Student Certificate
- Transcript
- Academic Reference Letter 1
- Academic Reference Letter 2
- Copy of Passport

SECTION ONE - PERSONAL INFORMATION

S1a PERSONAL DETAILS

| | | | |
|------------------------|------------------------------|-------------------------|--|
| Student ID | <input type="text"/> | | |
| Name | <input type="text"/> | | |
| Surname | <input type="text"/> | | |
| Name shown in passport | <input type="text"/> | | |
| Date of Birth | DD <input type="text"/> | MM <input type="text"/> | YY <input type="text"/> |
| Nationality | <input type="text"/> Turkish | <input type="text"/> | International Student - it is your responsibility to ensure your Turkish student visa is not cancelled while you are on exchange |

S1b PERMANENT ADDRESS

| | | | |
|----------|----------------------|-------------|----------------------|
| Address | <input type="text"/> | | |
| District | <input type="text"/> | Postal Code | <input type="text"/> |
| Email | <input type="text"/> | Telephone | <input type="text"/> |

EMERGENCY CONTACT

| | | | |
|--------------|----------------------|-------------|----------------------|
| Full Name | <input type="text"/> | | |
| Relationship | <input type="text"/> | Telephone | <input type="text"/> |
| Address | <input type="text"/> | | |
| District | <input type="text"/> | Postal Code | <input type="text"/> |
| Email | <input type="text"/> | Mobile | <input type="text"/> |

S1c MEDICAL / DISABILITY NEEDS

Do you have any physical or medical conditions?

Yes

No

If Yes, indicate the nature of the condition(s):

Do you need to take any special medication?

Yes

No

SECTION TWO - ACADEMIC INFORMATION

S2a IAU COURSE DETAILS

Institute/Faculty/School

Department

Completed Credits

Grade Point Average (GPA)

S2b EXCHANGE DETAILS

Preferred host institution

Alternative host institution

Year of exchange

Semester of exchange

S2c STATEMENT OF PURPOSE

Please provide a written Statement of Purpose

- * What kind of cultural differences do you expect to encounter during your proposed study abroad?
- * What effect do you think these differences will have on you, now and in the future?
- * What advantages and disadvantages do you see the exchange program bringing to your life?

In considering the above questions, try to draw on previous experience that you have had, whether it be a cultural change you have experienced, a study or travel experience that has affected you, or knowledge that you gained from others who have influenced you.

SECTION THREE - INTERNATIONAL EXPERIENCE

S3a PREVIOUS EXCHANGE PROGRAM DETAILS

Institution

Country

Date

How did you become aware of the Exchange Program?

Have you studied, travelled or worked abroad?

Yes

No

If yes, please indicate where and when:

Studied:

Travelled:

SECTION FOUR - EXCHANGE APPROVAL

S4a COURSE ADVISOR DETAILS (Please take this Section to your course Professors to Complete)

| | | | |
|----------------|----------------------|----------|--|
| Staff Name | <input type="text"/> | | |
| Position Title | <input type="text"/> | | |
| Email | <input type="text"/> | | |
| Telephone | <input type="text"/> | Approval | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Signature | <input type="text"/> | Date | <input type="text"/> |
| Staff Name | <input type="text"/> | | |
| Position Title | <input type="text"/> | | |
| Email | <input type="text"/> | | |
| Telephone | <input type="text"/> | Approval | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Signature | <input type="text"/> | Date | <input type="text"/> |

SECTION FIVE - APPLICANT'S DECLARATION

S5a APPLICANT'S DECLARATION AND SIGNATURE

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

- * Ensure that the units in which I enrol at the host institution will be credited towards my IAU degree before I depart on exchange. If I change my selections, I acknowledge that I am responsible for ensuring that I receive credit towards my degree.
- * Maintain a full-time enrolment as per the enrolment regulations at both IAU and the host institution.
- * notify the Student Exchange Office of any changes to my final enrolment within two weeks of the start of classes at the host institution
- * Authorise 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 Istanbul Aydin University.
- * Abide by the rules and regulations of the host institution at all times.
- * Provide a testimonial about my exchange experience to the Student Exchange Office upon my return.

I further acknowledge that:

- * IAU has informed me of the need to take out adequate travel, medical and hospital insurance cover, and work insurance cover, if applicable. I am aware that it is my responsibility to arrange such cover.
- * IAU will not be liable in any way for any loss, injury, sickness or damage that I may suffer while participating in the program, or which results in any way from my participation in the program, other than arising from or as a consequence of any negligent act or omission of IAU employees.
- * As an exchange student, I am a representative of the University. I will maintain an appropriate standard of behaviour, and am aware that any adverse behaviour will not only reflect poorly on myself, but also on IAU and future participants in the exchange program.
- * It is my responsibility to organise 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.

I declare that the information presented in this application and the accompanying documentation is true and correct.

I understand that the IAU Student Exchange Office may terminate my application or nomination for the exchange if I have misrepresented my past and/or present circumstances. I authorise IAU staff to make relevant enquiries to verify my application, and should I be approved to go on exchange, to provide the necessary information to partner institutions for the purpose of arranging my exchange.

Applicant's Signature

Date

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 / 14915
Email: dilarabaskin@aydin.edu.tr
Web: internationalrelations.aydin.edu.tr