



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

Student ID

Name

Surname

Father's Name

Mother's Name

Passport Number

Name shown in passport

Date of Birth DD MM YY Place of Birth

Nationality Turkish International Student - it is your responsibility to ensure your Turkish student visa in not cancelled while you are on exchange

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:

Adress:

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	<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 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:

- * Ensure that the units in which I enroll at the Host institution will be credited towards my Home Institution 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 enrollment as per the enrollment regulations at both home and host institution.
- * Notify the Student Exchange Office of any changes to my final enrollment 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 my Home 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 any 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:

For further information:

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

International Academic Relations Office
Tel: 0212 444 1 428 / 14915
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Web: internationalrelations.aydin.edu.tr