



Erasmus+

**BINGOL UNIVERSITY
ERASMUS OUTGOING PROGRAM**

STUDENT MOBILITY FOR PLACEMENTS (SMP)

TERM 2019/2020

I. PERSONAL INFORMATION



First Name: Ad	Middle Name: -	Family Name: Soyad
Female () Kadın	Male () Erkek	Do you have a passport? () yes () no Pasaportunuz var mı?
Place of Birth: Doğum Yeri	Date of Birth : Doğum Tarihi	
City or Town /Country: Şehir / Ülke		
ID Number : 12345678910 (TC Kimlik No)		
Contact Address: Adres (İkamet adresi)		
City: Şehir		Postal Code: Posta Kodu
Student Contact Tel : Öğrenci Tel	Parent Contact Tel : Ebeveyn Tel	
GSM: Cep Telefonu	GSM: Cep Telefonu	
Email Address: Email	Home Number: Telefon	

II. ACADEMIC HISTORY AT BINGOL UNIVERSITY

Your Department: **Bölüm** _____

Current CGPA: **AGNO**

Attach one photocopy of your recent transcript with this form: applications submitted without transcripts attached will not be evaluated.

III. PREFERENCES

Preference 1	Tercih 1
Preference 2	Tercih 2
Preference 3	Tercih 3



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I certify that the information given in this application is true, complete, and accurate to the best of my knowledge.

Bingöl University Student Registration ID Number:

Öğrenci Numarası

Student's Signature:

Öğrenci İmza

Date: (dd/mm/yy)

Tarih

**SUBMIT THIS COMPLETED FORM TO YOUR DEPARTMENT ERASMUS
COORDINATOR**

Name (full name printed):

Koordinatörün Adı Soyadı ve Unvanı

Department Coordinator Signature

Koordinatörün İmzası

Date: (dd/mm/yy)

Tarih