**INCOMING STUDENT APPLICATION FORM**

Dear Incoming Student,

Thank you for your interest in Near East University, Faculty of Medicine.

Please fill all the information at this form at the computer, print,sign and send the scanned form to: [medicine@neu.edu.tr](mailto:medicine@neu.edu.tr) and [sevda.lafcifahrioglu@neu.edu.tr](mailto:sevda.lafcifahrioglu@neu.edu.tr) and recep.gayir@neu.edu.tr.

If any of the questions is not answered, your application will not be taken into consideration.

Thank you!

NEU Faculty of Medicine

Student Exhange Office

**---------------------------------------------------------------------------------------------------------------------------**

Name of the student ( as written in the passport):......

Surname ( as written in the passport):.....

Gender:......

Home Country:

Year of study (eg.4th year):.....

Home University name:.....

Home University website:.....

Home University field of study:......

Mobility programme (eg. Erasmus placement,freemover etc.):......

Total duration of the proposed placement in weeks:.....

Subject area/s of the proposed placement/s ( eg. Internal medicine+general surgery):.....

Dates of the proposed pleacement/s: from....to......

( If more than one subject area please specify the dates for each one).

Is the mobility programme part of your study programme curricula (Yes /no):...

Will the record of training period be written in your diploma supplement (Yes /no):...

Student’s signature:

Date: