



EASTERN MEDITERRANEAN UNIVERSITY
DOĞU AKDENİZ ÜNİVERSİTESİ
EXCHANGE FORM
DEĞİŞİM FORMU

PLEASE USE CAPITAL LETTERS TO COMPLETE THIS FORM
LÜTFEN BÜYÜK HARFLERLE DOLDURUNUZ

PERSONAL DETAILS:

**NAME –
SURNAME**
ADI –SOYADI

**MIDDLE
NAME**

GENDER

PERSONAL EMAIL

NATIONALITY
UYRUK

DATE OF BIRTH
DOĞUM TARİHİ

**PLACE OF
BIRTH**
DOĞUM YERİ

PERMANENT HOME ADDRESS:

STREET ADDRESS

CITY

COUNTRY:

POSTAL CODE:

TELEPHONE

HOME:

MOBILE:

DEPARTMENT DETAILS:

**STUDENT REGISTRATION
NUMBER:**

**NAME OF
DEPARTMENT:**

MAJOR FIELD OF STUDY:

CLASS LEVEL

GPA

CGPA

**YEAR OF
ADMISSION**

**CURRENT
SEMESTER**

**POSSIBLE YEAR
OF GRADUATION**

I CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION FORM IS ACCURATE. I HEREBY APPLY FOR ADMISSION TO THE EMU. I UNDERSTAND AND ACCEPT THE FACT THAT THE TUITION FEE MAY CHANGE IN FOLLOWING YEARS.

BU BAŞVURU FORMUNDA VERİLEN BÜTÜN BİLGİLERİN DOĞRU OLDUĞUNU ONAYLAR, BU BAŞVURUYU YAPARKEN OKUL ÜCRETİNİN İLERİKİ YILLARDA DEĞİŞEBİLECEĞİNİ KABUL EDERİM.

DATE/TARİH :.....

SIGNATURE/İMZA:.....