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Name Surname

E-mail

Phone number

Identity Number (TC)

PhD Graduation Date

Disability Status (Documented  
with Medical Report)

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Department / Faculty / Institute

Term of Employment at METU  
(year)

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Have you ever participated in  
Erasmus+ (with European  
countries) programme?

If yes, how many times?

Have you ever  
participated in Erasmus  
+ ICM (with non-  
European countries)  
programme?

If yes, how many times?

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**1st Choice:**

Name of the University/Country  
that offers pre-admission

Duration of the activity? (min. 5  
days, excluding travel time)

Anticipated departure date

Anticipated return date

**2nd Choice:**

Name of the University/Country  
that offers pre-admission

Duration of the activity? (min. 5  
days, excluding travel time)

Anticipated departure date

Anticipated return date

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**3rd Choice:**

Name of the University/Country  
that offers pre-admission

Duration of the activity? (min. 5  
days, excluding travel time)

Anticipated departure date

Anticipated return date

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"I hereby declare that the  
information submitted above is  
true and correct to the best of my  
knowledge. I hereby agree that  
my application for and  
participation in the program may  
be rejected in case any of the  
information above found to be  
incorrect or false"

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*Please fill and submit the form to ICO via below e-mail address:  
akkol@metu.edu.tr*