



---

Name Surname

E-mail

Phone number

Identity Number (TC)

PhD Graduation Date

Disability Status (Documented  
with Medical Report)

---

Department / Faculty / Institute

Term of Employment at METU  
(year)

---

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

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

---

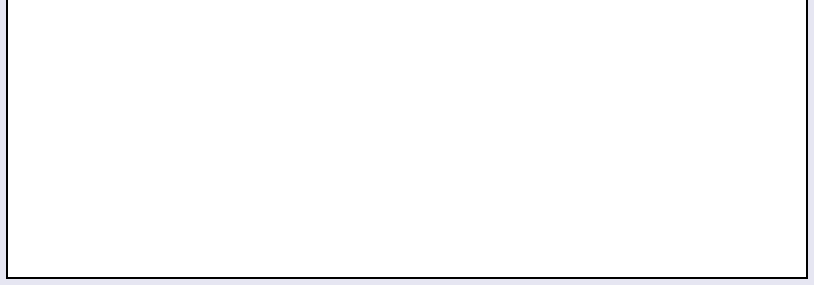
Name of the University/Country  
that offers pre-admission

Duration of the activity? (min. 2  
days, max 5 days, excluding  
travel time)

Anticipated departure date

Anticipated return date

"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"



---

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