

International Cooperations Office  
europeanmobility@metu.edu.tr



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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

Duration of Employment at  
METU (years/months)

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Have you ever participated  
in the Erasmus+ (K103)  
mobility programme with  
European countries?

Have you ever  
participated in the  
Erasmus+ ICM (K107)  
mobility programme  
with non-European  
countries?

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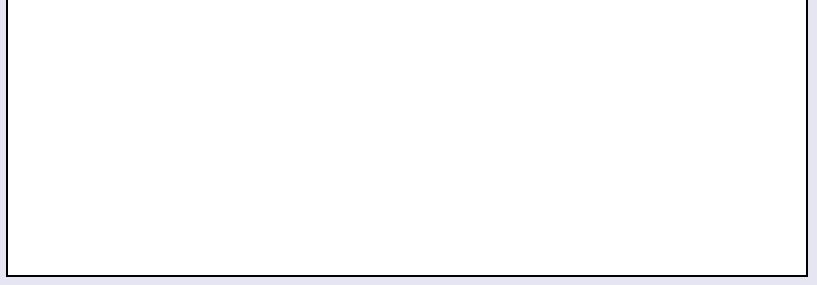
Name of the University/  
Country that has offered you a  
pre-acceptance letter/email

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"



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