



Name Surname

E-mail

Phone Number

Identity Number (T.C.)

METU Registration Number
(Sicil No)

PhD Graduation Date

Disability Status (Documented
with Medical Report)

Veteran and Martyr Status

Department / Faculty / Institute

Term of Employment at METU
(year)

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?

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

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

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