



KİLİS 7 ARALIK UNIVERSITY
2014- 2015 ACADEMIC YEAR
APPLICATION FORM TO UNDERGRADUATE PROGRAMS
FOR INTERNATIONAL STUDENTS

I. PERSONAL INFORMATION

First Name / Last Name :

Nationality :

Date of Birth :

Gender : F M

Mailing Address :

Telephone Number :

E-mail :

II. HIGH SCHOOL INFORMATION

Name of the High School you have graduated from :

City and Country of your High School :

High School Grade Point Average (GPA) : (Grading System):

III. PROGRAMS APPLIED IN KILIS 7 ARALIK UNIVERSITY

	Program to be Applied (List the programs in order of preferences)
1	
2	
3	

IV. EXAM RESULTS

Please indicate the exams you have taken, your scores and the dates of those exams.

<u>NAME OF THE EXAM</u>	<u>TYPE</u>	<u>SUBJECT</u>	<u>SCORE</u>	<u>DATE</u>
Foreign Student Examination (YÖS)	-	-		

I hereby declare that the information given above is complete and correct.

Application Date:/...../20...

Signature:

EXPLANATIONS:

It is enough for applicants applying to more than one program to complete only one application form on condition that the programs are listed in order of preference.

Please Mail This Form to:
Kilis 7 Aralık University
Öğrenci İşleri Daire Başkanlığı
Rektörlük Binası Zemin Kat 79000 Kilis/TURKEY
erasmus@kilis.edu.tr international@kilis.edu.tr