**INTERNATIONAL STUDENT APPLICATION FORM**

**MALTEPE UNIVERSITY, TURKEY**

Photo

**202…-202…. ACADEMIC YEAR**

**Personal Data**

|  |
| --- |
| Name Surname: |
| Date of Birth (Day/Month/Year): ....../......./........ |
| Country of Birth: |
| Gender: Female Male |
| Citizenship : |
| Passport No: |
| Address: |
| City: |
| Postal Code: |
| Country: |
| Gsm No: |
| E-mail: |
| Do you carry Turkish or Northern Cyprus citizenship? No Yes |

**Graduation Information**

|  |
| --- |
| Name of University /College |
| City and Country of University/College: | |
| Name of the Program: | |
| GPA (Grade Point Average): Grading System: | |
| **Program you apply to (Please write the programs in order of priority)** | |
| 1 | |
| 2 | |

**Please list all the test and scores you submit together with your application**

|  |  |  |  |
| --- | --- | --- | --- |
| Test Name | Subject | Test Score | Date |
|  |  |  |  |

**Language proficiency exam score (English Language exam)**

|  |  |  |
| --- | --- | --- |
| Test Name(TOEFL,etc) | Test Score | Date |
|  |  |  |

**General Undertaking**

I confirm that all the information provided on this application form is correct and true. I understand that my application or enrollment can be cancelled if the information and/or documents supplied are found to be incorrect, false or distorted.

Date: ……. / ……. / 202.. Signature: …………………………......

Please sign, scan and email this form to: [international@maltepe.edu.tr](mailto:international@maltepe.edu.tr) fax number: +90 216 626 11 34 or you can send it via mail to the following address: Maltepe Üniversitesi, Öğrenci İşleri Daire Başkanlığı, Marmara Eğitim Köyü, Maltepe 34837, İstanbul, Turkey.