

REPUBLIC OF TURKEY
SINOP UNIVERSITY
OFFICE OF STUDENT AFFAIRS
Exchange Programs
Student Identification and Registration Form

(Please fill in capital letters)

Faculty/School :	Department/Program :		
Name-Surname :	Place and Date of Birth :		
Student No :	University you came from :		
Turkish/Foreign Identification No (*) :			
Type of Entry to University :	Erasmus <input type="checkbox"/>	Mevlana <input type="checkbox"/>	Farabi <input type="checkbox"/> Special Student <input type="checkbox"/>
Nationality :	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>		
Marital Status :	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/> Widow <input type="checkbox"/>
	FATHER'S		MOTHER'S
Name :			
Last Name :			
Education : (Elementary, Highschool, University)			
Occupation : (Worker, Government Employee, Retired v.s)			
Monthly Net Income			
Number of Siblings (Including yourself) :	() Primary School Student ()	Elementary School Student ()	University Student ()
Residential Address :			
Telephone No :			
E-mail Address :			
Address of the person we can contact you through :			
Phone :			
E-mail :			
Disability Status	Vision <input type="checkbox"/>	Hearing <input type="checkbox"/>	Orthopeadic <input type="checkbox"/> Other (Please explain)
Foreign Languages studied	1.		2.
	Good	Moderate	Some
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.		
	Good	Moderate	Some
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I declare and accept that the information given above is complete and accurate and that I accept any legal liability for it.			
		Name-Surname	Date-Signature