**OFFICE OF INTERNATIONAL RELATIONS**

**VISITOR STUDENT INFORMATION FORM**

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| **First Name** |  |
| **Last Name** |  |
| **Place and Date of Birth**  |  |
| **National ID Number** |  |
| **Student ID Number** |  |
| **Faculty / School / Department** |  |
| **Program / Major** |  |
| **Degree / Current Year of Study** |  |
| **Latest GPA** |  |
| **Foreign Language and Certificate Type** |  |
| **Passport Number**  |  |

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| **Contact Information** |
| **Adress** |  |
| **Phone Number** |  |
| **E-mail Adress** |  |

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| **Purpose and Details of Visit** |
| **Purpose of Visit***(Study, Research, Cultural Exchange, Internship, etc.)* |  |
| **If Internship, will it be considered as a mandatory internship?**[ ]  **Yes** [ ]  **No** |
| **Duration of Visit** | **Start Date** |  |
| **End Date** |  |
| **Home Institution***(Name of the university or school in the home country)* |  |
| **Current Academic Status** *(Please specify as undergraduate, graduate, PhD)* |  |

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| **Contact Person at Home Institution** | **Name**  |  |
| **E-Mail**  |  |
| **Accommodation Details***(Where they plan to stay during the visit)* |  |
| **Visa Status** | **Type of Visa** |  |
| **Expiration Date** |  |
| **Health Insurance Details**(Number of policy and name of the company. Proof of health insurance valid during the visit) |  |
| **Emergency Contact Information** | **Name** |  |
| **Relation** |  |
| **Contact Details** |  |

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| **Signature and Confirmation***I hereby confirm that the information provided above is accurate and complete to the best of my knowledge.*  |
| **Name**  |  |
| **Date** |  |