**OFFICE OF INTERNATIONAL RELATIONS**

**VISITOR STUDENT INFORMATION FORM**

|  |  |
| --- | --- |
| **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** |  |