Student Exchange Program

 **Khazar University**

Application Form for Incoming Students

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| Personal Information  |
| -Name: |  | Photo |
| -Surname: |  |
| -Gender: |  |
| -Date of Birth: |  |
| -Place of Birth: |  |
| -Address:  |  |
| -Telephone: |  |
| -E-Mail: |  |
| -Citizenship:  |  |
| Education |
| -Level of Study (Bachelor/Master) |  |
| -Major/ Program: |  |
| - Year of Study: |  |
| -GPA  |  |
| -Other interests, activities  |  |
| Previous stay abroad |
| -I have been  | Where: When: Purpose (study, tourism, etc.)?  |
| Health Information |
| Health Restrictions:  |  |
| Motivation Letter (500 words max.) |
|  |
|  Thank you very much! |
| Contact information:*Turan Jafarova*International OfficeTel.: (+994 12) 421 79 16 (extension 240)Fax: (+994 12) 498 93 79**Email:** tjafarova@khazar.org www.khazar.org  I attach my scanned *passport,* **CV and Transcript of records.** (Please attach the documents to email message ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signature |
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