Student Exchange Program

**Khazar University**

Application Form for Outgoing Students

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| --- | --- | --- | --- | --- | --- |
| Personal Information | | | | | |
| -Name: | |  | | | Photo |
| -Surname: | |  | | |
| -Gender: | |  | | |
| -Date of Birth: | |  | | |
| -Place of Birth: | |  | | |
| -Address: | |  | | |
| -Telephone: | |  | | | |
| -E-Mail: | |  | | | |
| -Citizenship: | |  | | | |
| -Passport number and date of expiry | |  | | | |
| 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 Office  Tel.: (+994 12) 421 79 16 (extension 240)  Fax: (+994 12) 498 93 79  E-mail: [tjafarova@khazar.org](mailto: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 | | | | | |