

**RECEP TAYYIP ERDOGAN UNIVERSITY
ERASMUS OFFICE
ERASMUS KA107 APPLICATION FORM
Outgoing Staff Mobility for Teaching
Project Period 2020**



1. STAFF DATA

| | | | |
|----------------------------|--|-----------------|--|
| Name Surname : | | Title : | |
| Date of Birth : | | Nationality : | |
| Sex : | | Turkish ID No : | |
| Email : | | Cell Phone : | |
| Faculty/Institute/School : | | | |
| Department : | | | |

2. APPLICATION DATA

| | | | |
|--------------------------------|--|-----------------------------|--|
| Participated Erasmus Before? : | | If yes, when? : | |
| Present Erasmus Coordinator?: | | Past Erasmus Coordinator? : | |
| Seniority (experience) : | | | |
| Foreign Language : | | Foreign Language Score : | |

3. SENDING INSTITUTION DATA

| | | | |
|------------------------------|--|---------------------------------|-------------------|
| Name of your University | Recep Tayyip Erdogan University | | |
| Address : | Erasmus Office, Recep Tayyip Erdogan University, 53100, Rize TÜRKİYE | | |
| Institutional Erasmus Code : | TR RIZE01 | Country : | TÜRKİYE |
| Email : | erasmus@erdogan.edu.tr | Tel : | +90 464 223 61 26 |
| | INSTITUTIONAL COORDINATOR | DEPARTMENTAL COORDINATOR | |
| Title/Name Surname : | Asst. Prof. Dr. Ozan SELÇUK | | |
| Department : | Erasmus Office | | |
| Email : | ozan.selcuk@erdogan.edu.tr | | |
| Tel : | +90 464 223 61 26 (Ext.4257) | | |

4. RECEIVING INSTITUTION DATA

| | | | |
|---------------------------------|--|------------------------------|--|
| Name of receiving institution : | | | |
| Country : | | | |
| Main Subject Field : | | | |
| Language of Instruction : | | Planned period of teaching : | |
| Level : | | | |

5. CONFIRMATION

I hereby confirm that above mentioned data is totally correct.

| | |
|---|--------|
| Applicant name-surname, date and signature | Sign : |
| Departmental coordinator name-surname, date and signature | Sign : |