**YILDIZ TEKNİK ÜNİVERSİTESİ**

**YILDIZ TECHNICAL UNIVERSITY**

**INTERNATIONAL CREDIT MOBILTY-ICM**

**APPLICATION FORM for Staff Mobility (Outgoing)**

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| --- | --- | --- | --- |
| **Name- Surname:** | **Gender: M 🞏 F 🞏** | **Nationality:** | **PHOTO** |
| **Date- Place of birth:dd/mm/yyyy**  | **Home country:** | **Home university:** |
| **Erasmus Code:** | **Department:** | **Job title:** |
| **Contact person for emergency:** | **Contact telephone/e-mail for emergency:** | **Special need: Yes 🞏 No 🞏Explain (if Yes):** |
| **E-mail:** | **Telephone:** | **Address:** |
| **Type of staff mobility:❑ Teaching (Teaching staff only) ❑ Training (except teaching staff)** |  | **Intended dates of mobility:****From dd/mm/yyyy To dd/mm/yyyy** |
| **SELECTION CRITERIA** |
| **Seniority:** **❑ Junior / <10 years’ experience (+10 pts)** **❑ Intermediate / 10-20 years’ experience (+15 pts)** **❑ Senior / 20+years’ experience (+20 pts)**  | **Have you ever participated in an Erasmus mobility before? How many? Yes 🞏 No 🞏 (+30 pts) Number of the prior mobilities: ………(each mobility\* -10)**  |
| **Are you currently Departmental Erasmus coordinator or vice coordinator?Yes 🞏 (+30 pts) No 🞏**  | **What is your level of foreign language proficiency?****Upper Int. 🞏 (+20 pts) Intermediate 🞏 (+15 pts)** **Pre-Int. 🞏 (+10 pts) Elementary 🞏 (+5 pts)**  |
| **Please list the overall objectives of your mobility:** |

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| *I certify that the information given in this application is true, complete, and accurate to the best of my knowledge.* |
| **Participant**  | **Departmental Erasmus Coordinator** |
| **Name-Surname:** | **Name-Surname:** |
| **E-mail:** | **E-mail:** |
| **Signature/Date:** | **Signature/Date:** |