

Go to website: erasmus.karabuk.edu tr



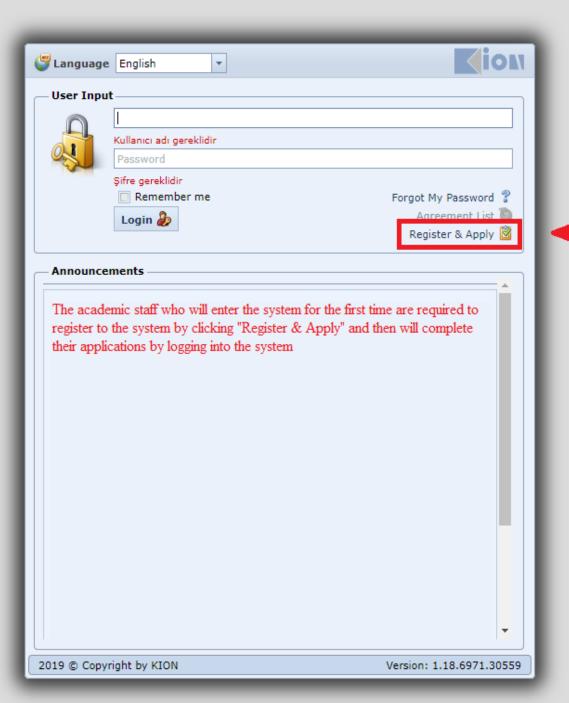
erasmus.karabuk.edu.tr/Account/Login.aspx?pld=2035&ReturnUrl=%2F - erasmus.karabuk.edu.tr/Account/Login.aspx?pld=2035&ReturnUrl=%2F erasmus.karabuk.edu.tr/Account/Login.aspx?pld=2035

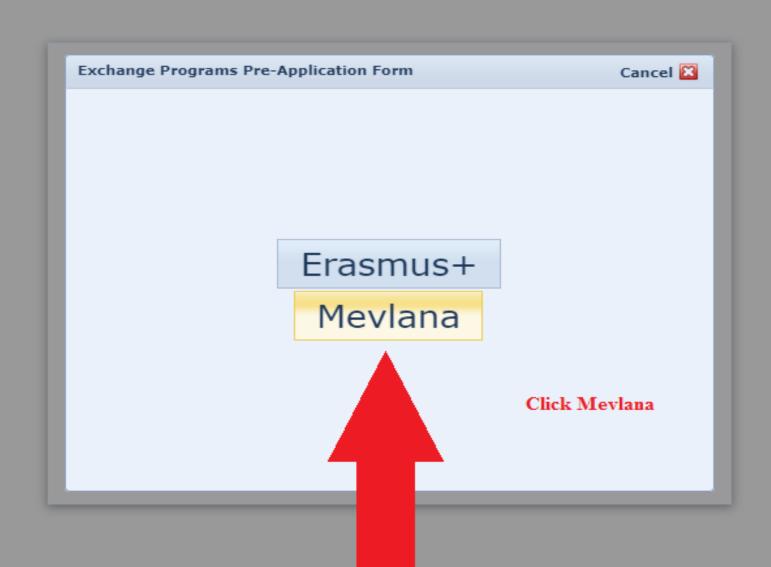
erasmus.karabuk.edu.tr/Account/Login.aspx?pld=2035&return_url=/ - erasmus.karabuk.edu.tr/Account/Login.aspx?pld=2035&return_url=/

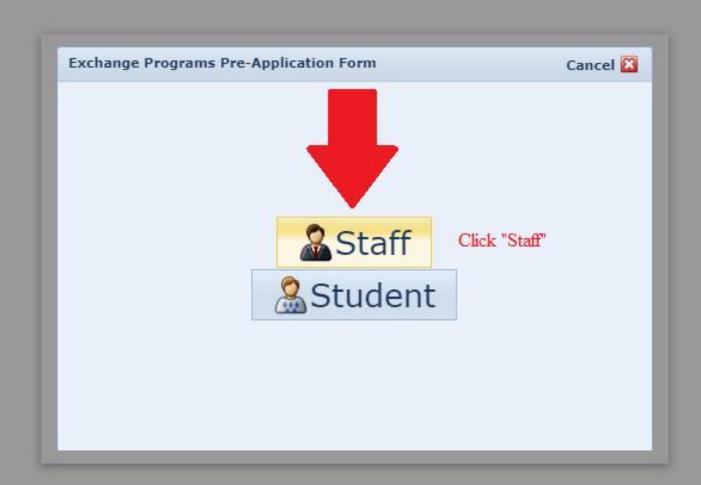
₱ ERASMUS+ DEĞİŞİM PROGRAMI - uluslararasi.karabuk.edu.tr/icerikGoster.aspx?K=S&id=91&BA=hayatboyu

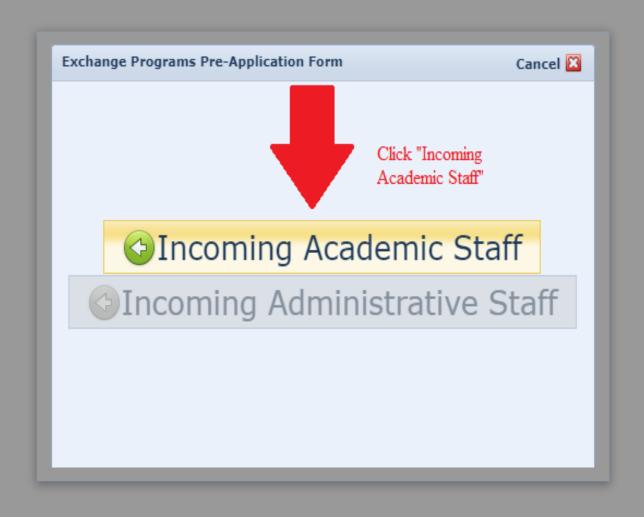
q erasmus.karabuk.edu.tr - Google Arama







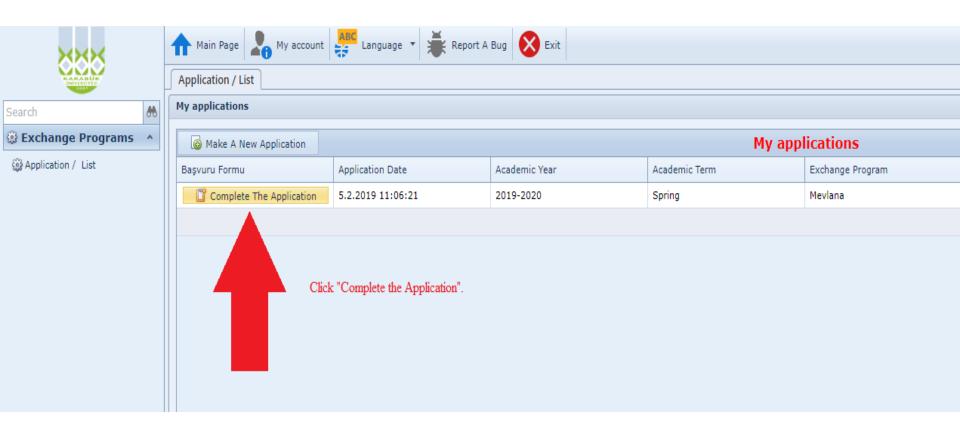


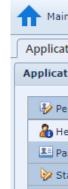


Exchange Programs Pre-Application Form > Incoming Academic Staff								
E-mail:*								
	Your email address will be your user name.							
Password:*				Repeat Password:*				
Pasaport No/ID Number:*								
First Name:*				Last Name:*				
Nationality:*	Choo	se	¥					
University:*	Searc	Search				-		
Please indicate which University, you have participated in the Exchange Program								
Registration Type:* Choose								
The Application Per	* Choose							
Specify the period you want to participate in mobility								
Fill out the	form			② Can	cel Save			
I iii out tile								

After completing the preapplication form, please login to the system with your username and password.









Main Page My account





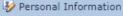
Language 🔻 🏬 Report A Bug 🗙 Exit





Application Form

Application Form



A Health Information

Passport Information

Staff Information

Application Information

Documents Required

Complete Application

Allergies:

If you have allergies please indicate any substance or

Chronic Disease:

If you have any chronic disease please specify

Medications You Use:

Please specify if you are using the medication you have always

The Tetanus Shot Do You Have?:

Yes

Tetanus Vaccination Date:

Choose

Latest Health Centre/Hospital Visit Date:

For some reason the most recent health centre or a hospital visit-enter your dates

Spent On Operations:

No

Do you receive professional psychological support?:

Choose

Which Do You Prefer To Use Your Hands:

Choose

I consent to receive first aid if necessary:

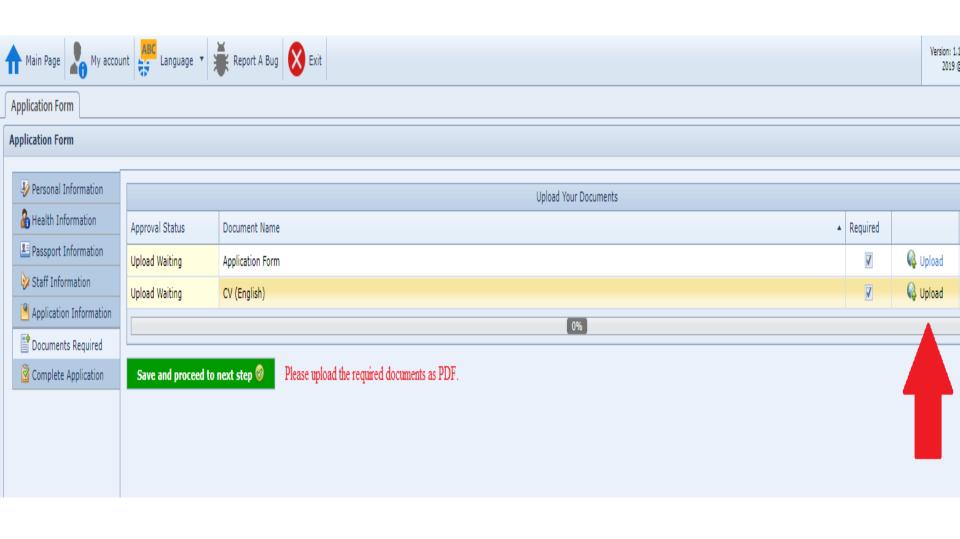
— Health Insurance Information -

Health Insurance Number:

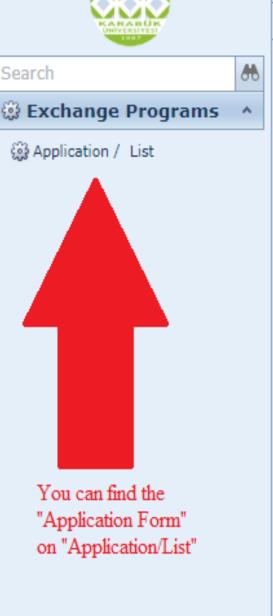
Health Insurance Company:

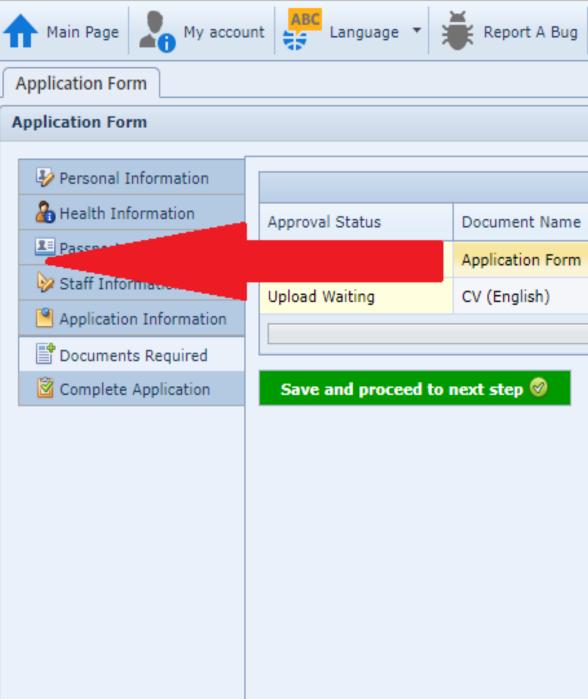
Please fill out the form on each page completely and click "Save and proceed to next step."



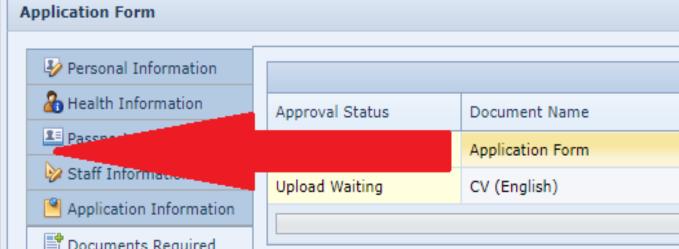












Му арр	lications			
Academic Term	Exchange Program	Mobility Type	Başvuru Tipi	Application Status
Fall	Mevlana	Incoming Academic Staff	Teaching	Online Registered

🖶 The Mevlana Exchange Programme Application Form Teaching Staff



You can reach the application form by clicking here.

Click and then print it out.

After completing the signatures&seals, please upolad it to the system as PDF.

