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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I- APPLICANT PERSONAL INFORMATION** (Please write legibly) | | | | | | | | | | | | | | | | | | |
| Name |  | | | | | | | | | | | | | | | | as in passport | |
| Surname |  | | | | | | | | | | | | | **Gender** | | **Male  Female** | | |
| Birth | **Place** | | |  | | | | | | | | | | **Date** | | **\_\_\_/\_\_\_/ 20\_\_\_** | **Age** |  |
| Marital Status | **Married  Single** | | | | | | | | | | | | |  | |  | | |
| NATIONALTY |  | | | | | | | | | | | | | | | | | |
| Passport ID |  | | | | | | | | | | | | | **Validity** | |  | | |
| Phone (Mobile) |  | | | | | | | | | | | | | **Email** | |  | | |
| Address |  | | | | | | | | | | | | | | | | | |
| (If available) T.C. ID |  |  |  | |  |  | |  |  |  |  |  |  | **Validity** | |  | | |
| II- EDUCATION INFORMATION | | | | | | | | | | | | | | | | | | |
| Graduated From  University / Faculty |  | | | | | | | | | | | | | **Graduate School** | |  | | |
|  | | | | | | | | | | | | |
| Department |  | | | | | | | | | | | | | | | | | |
| Graduation Date | **\_\_DD\_/\_MM\_\_/ YYYY** | | | | | | | | | | | | | | | | | |
| III- APPLICATION INFORMATION | | | | | | | | | | | | | | | | | | |
| DEPARTMENT |  | | | | | | | | | | | | | **DISCIPLINE** | |  | | |
| YEAR / SEMESTER | **20\_\_\_ - 20\_\_\_  FALL  SPRING** | | | | | | | | | | | | | | | | | |
| PROGRAM | **MASTER** (MSc) **DOCTORATE** (PhD) | | | | | | | | | | | | | | | | | |
| FINANCIAL SOURCES | Funded by myself  Bilateral agreements as part of Fırat University  With Scholarship Government support  Other | | | | | | | | | | | | | | | | | |
| I would like to register as a graduate student for the department as I mentioned above. I submit the required documents in full with this Form to the email address of the Graduate School.  I hereby declare that the information’s above are true, complete, and correct.  Otherwise, I agree to the invalidation of the registration.  \_\_DD\_\_/\_MM\_\_\_/ YYYY  Required Documents: Applicant Signature   * Diploma (BSc or MSc) * Transcript (All periods) * Passport Copy (Legible - clear) * English Language Certificate (If available) * Turkish Language Certificate (If available)   ALL DOCUMENTS and THIS FORM SHOULD BE SENT TO the GRADUATE SCHOOL EMAIL ADDRESS BELOW  fenbilim@firat.edu.tr | | | | | | | | | | | | | | | | | | |
| Authorized Approval:  (Enstitü Yetkilisi) | | | | | | |  | | | | | | | | | | | |
| Fırat Üniversitesi,  Fen Bilimleri Enstitüsü,  23119 – Elazığ / TURKIYE | | | | | | | http://fbe.firat.edu.tr/ | | | | | | | | **Telefon :** +90 424 212 2707  **Fax:** +90 424 236 9955  **e-posta:** fenbilim@firat.edu.tr | | | |