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| **AMASYA UNIVERSITY**  Akbilek Mah. Hakimiyet cad. Milli Hakimiyet Yerleşkesi No:4/3 PK: 05100 Merkez/AMASYA  Tel: 0 (358) 211 50 05- Fax: 0 (358) 218 01 04  [**www.amasya.edu.tr**](http://www.amasya.edu.tr) |

**II. STAFF WEEK REGISTRATION FORM**

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| --- | --- |
| First name |  |
| Last name |  |
| Nationality |  |
| Date of birth |  |
| Home address |  |
| Passport Number or National ID |  |
| Country |  |
| City |  |
| Mobil Phone number |  |
| E-Mail |  |
| Home institution |  |
| Department work area |  |
| Position |  |
| Erasmus code |  |
| Job description. What are your main responsibilities at your home institution? | |
|  | |
| **Signature** | |

**Please send this form as pdf or jpg to this email address after signing:** [erasmus@amasya.edu.tr](mailto:erasmus@amasya.edu.tr)