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|  **AMASYA UNIVERSITY**Akbilek Mah. Hakimiyet cad. Milli Hakimiyet Yerleşkesi No:4/3 PK: 05100 Merkez/AMASYATel: 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