**KASTAMONU UNIVERSITY**

**1 st INTERNATIONAL STAFF WEEK**

14 March – 01 May 2018

Application Form

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| --- | --- | --- | --- | --- | --- | --- |
| **First Name** |  | | | | | |
| **Surname** |  | | | | | |
| **Date of birth** |  | | | | | |
| **Gender** | ☐  Female ☐ Male | | | | | |
| **Name of your Home University (Erasmus Code)** |  | | | | | |
| **Country** |  | | | | | |
| **Position & University Unit** | **☐ Teaching Staff** / Faculty .................................................................................................. | | | | | |
| **☐ Staff training / Faculty** | | | | | |
| **☐ Administrative Staff** /Department/Office....................................................................... | | | | | |
| **Please indicate the name of the faculty/department you want to visit** |  | | | | | |
| **E-mail** |  | | | | | |
| **Phone & Fax Number** |  | | | | | |
| **Special requirements: (allergies, vegeterians, etc.)** | | | |  |  |  |
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There is no participation fee. Participants are expected to cover their own travel and accommodation expenses through the Erasmus funds for staff mobility or otherwise. We have pre-booked rooms for participants on corporate prices at few hotels for accommodation. We will send the details to participants once they are accepted.

The speaking language of the International Week will be English.

Application deadline: 01 May 2018

Please send the scanned application form to: erasmus@kastamonu.edu.tr

Please visit our website [www.erasmus.kastamonu.edu.tr](http://www.erasmus.kastamonu.edu.tr) for further information.

Date:

Participant’s signature Signature and stamp of

Institutional Erasmus Coordinator of

Home University

(Only for Erasmus Staff Mobility)