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| **PHOTO**  **DIGITALY ADDED** |

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| **DURATION OF STAY/KONAKLAMA YAPILACAK TARİH ARALIĞI** |  |

**STUDENT INFORMATION**

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| NAME / SURNAME – ADI SOYADI: |  |
| PASSPORT NUMBER – PASAPORT NUMARASI: |  |
| NATIONALITY- MİLLİYETİ: |  |
| DATE OF BIRTH – DOĞUM TARİHİ: |  |
| GENDER - CİNSİYETİ: |  |
| EMERGENCY CONTACT NAME – ACİL DURUMDA İLETİŞİME GEÇİLECEK KİŞİ: |  |
| EMERGENCY CONTACT NUMBER - ACİL DURUMDA İLETİŞİME GEÇİLECEK KİŞİNİN NUMARASI: |  |

**STUDENT CONTACT INFORMATION**

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| --- | --- |
| MOBILE NUMBER – TELEFON NUMARASI: |  |
| E-MAIL – E-MAIL ADRESİ: |  |

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| **ROOM PREFERATION:** | SINGLE – TEK , TWO PERSON – İKİ KİŞİ , THREE PERSON- ÜÇ KİŞİ , FOUR PERSON-DÖRT KİŞİ |

**SENDING INSTITUTION INFORMATION**

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| SENDING INSTITUTION: |  |
| MEVLANA OFFICE CONTACT PERSON: |  |
| MEVLANA OFFICE E-MAIL: |  |
| MEVLANA OFFICE WEBSITE: |  |
| INSTITUTIONAL ADDRESS: |  |

**EXTRA INFORMATION – EK BİLGİ**

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| *If you wish to give us extra information about your accommodation such as health problems etc. please write here.* |

**INFORMATION ABAOUT THE APART HOTEL**

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| Website: http://www.klashotels.net/klas-dom-suite-annexe/home.aspx |