T.C.
ISTANBUL COMMERCE UNIVERSITY
STUDENT AFFAIRS DEPARTMENT

FOREIGN STUDENT INFORMATION FORM

STUDENT			
Name, Surname		Passport Number :	
Place and Date of Birth (DD, MM, YYl)		Residence Permit Number	
Country of Origin		Nationality :	
Sex		Adress (In Istanbul) :	
Faculty		Mobile Phone :	
Department		E-Mail :	
FAMILY	**FATHER**		**MOTHER**
Name, Surname			

1. How did you provide information about Istanbul Commerce University and its programs ?

2. What are the cultural,social,sportive activities that you are interested in ?

3. What are your significant abilities ?

4. Healthiness
   Do you have any phyical disabilities? (Seeing, Speaking,Moving,etc.)
   Seious illnesses suffered & medical operations undergone :
   Height :
   Weight :
   Blood Group :

8. Foreign Languages :
   Level :

I accept that the information on "Student Information Form" are accurate and that legal procedure shall be predicted otherwise.

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Signature