



ÇANKAYA UNIVERSITY

Department of Industrial Engineering

Undergraduate Student Information Form

In your handwriting, please fill in the form completely and return it along with your passport-sized photo to your academic advisor. Do not forget to write your name and student number on the back of your photo.

Part I. Personal Information

Student Name			
	First	Middle	Last
Student Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Date of Birth	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Dept.	<input type="checkbox"/> Industrial Engineering (IE) <input type="checkbox"/> Non-IE <input type="checkbox"/> Minor <input type="checkbox"/> Double Major
	Day Month Year		
Birth Place	City		Country
Nationality	Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female
Native Language	<input type="checkbox"/> Turkish <input type="checkbox"/> English <input type="checkbox"/> German <input type="checkbox"/> French <input type="checkbox"/> Other:		
E-mail	Cell Phone		<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Ankara Address	Phone		<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home	Address <i>If different from Ankara Address</i>		<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

AFFIX
A PASSPORT-SIZED
PHOTO

Part II. Entrance to the University and Industrial Engineering Department

Type of Scholarship	<input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25% <input type="checkbox"/> Without Scholarship <input type="checkbox"/> Other:		
University		Industrial Engineering Department	
Entrance Type	<input type="checkbox"/> By Central Exam Organized by ÖSYM <input type="checkbox"/> Transfer from University: Department:	Entrance Type	<input type="checkbox"/> Major Student (IE Student) <input type="checkbox"/> Transfer Student from Department: <input type="checkbox"/> 2 nd Year Class <input type="checkbox"/> 3 rd Year Class
	<input type="checkbox"/> Yes, Attended <input type="checkbox"/> No		<input type="checkbox"/> Minor / Double Major Student from Department: <input type="checkbox"/> 2 nd Year Class <input type="checkbox"/> 3 rd Year Class
Entrance Year and Semester	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Fall <input type="checkbox"/> Spring	Entrance Year and Semester	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Fall <input type="checkbox"/> Spring

Part III. High School Information

High School Name			City		Country	
Graduation Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Branch		Degree		

Part IV. Emergency Contact Information

Contact Person Name			
	First	Middle	Last
Relationship with Student	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather		
Phone	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Cellular Phone	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Part VII. Declaration

I declare that the above information provided by me is true and complete.		
Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Signature