# T.C.

# ERCİYES UNIVERSITY

**DIRECTORATE OF GRADUATE SCHOOL OF EDUCATIONAL SCIENCES**

I would like to apply to **................................................................Doctorate / master's**

**program with thesis** .................................................................Department of your institute.

I hereby declare that the information in this declaration has been filled in accordance with the truth and I request the acceptance of my application to the Institute of Educational Sciences.

**Signature Name Surname**

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|  |  |  |
| --- | --- | --- |
| Name. |  | Photo. |
| Surname |  |
| Place and Date of Birth |  |
| Nationality |  |
| Passport No |  |
| Email |  |
| Telephone |  |
| Address |  | |
| Graduated University/Faculty/Department |  | |
| Undergraduate Graduation Average |  | |
| Graduation Average for Master’s degree |  | |
| Foreign Language Proficiency Certificate |  | |

**ATTACHMENT:**

1. Application form
2. Photocopy of identity card.
3. 1 passport size photograph
4. Turkish proficiency certificate **(C1 Certificate**)
5. Foreign Language Proficiency Certificate (**other than their mother tongue for Turkish PhD program TOEFL-IBT 66, YDS 55, PTE ACADEMIC 50),**
6. Sample passport with entry visa and certified Turkish translation
7. Diploma or graduation certificate and certified Turkish translation
8. Transcript and certified Turkish translation **(Average PhD:2.5 /Master’s:2.0)**
9. Equivalency certificate (must be obtained from the Higher Education Institution)
10. General Health Insurance Certificate (It will be requested at the time of final registration)
11. Receipt - **2.500** TL. will be deposited as Application Fee to the account numbered 1241-06000018 at

Halk Bank Kayseri Erciyes University Branch. IBAN NO: TR2800012001200124100006000018

(Application fee will not be refunded in any way.)