

**ADA University**

**Office of International Affairs**

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**Tel: (+994 12) 437 32 35 ext: 290 Fax: (+994 12) 437 32 36**

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**Application Form for Exchange Programs**

**Application Deadline:**

(For Fall Semester, September through December 2018, for academic year 2018-2019: **April 30, 2018)**

(For Spring Semester, January through May 2019: **October 30, 2018**)

***Note: Partner institutions should set an earlier deadline for an internal nomination.***

**Name of Applicant:** ………………………………………………….

**Home Institution:** ……………………………………………………

**1. Personal information**

Photo

**Last Name: First Name:**

**Middle Name: Birth Country:**

**Nationality: Date of Birth:**

**Sex:** ☐ **Male** ☐ **Female**

**Present Address:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| Tel: |  |  |  | E-mail: |  | |

**Person to be notified in case of emergency**

|  |  |  |  |
| --- | --- | --- | --- |
| Name : |  | Tel: |  |
| Address: |  | E-mail: |  |

**2. Home Institution**

**Name of University:**

**Faculty / School:**

**Department:**

**Major Field of Study:**

**Cumulative GPA:**

**Entrance (Month/ Year): Level:** ☐ **Master** ☐ **Bachelor**

**School Year: Expected graduation time (Month/ Year):**

**3. Educational Background**

|  |  |  |
| --- | --- | --- |
| **Academic Year** | **University / School** | **Level attained,**  **Degrees awarded** |
|  |  |  |
|  |  |  |
|  |  |  |

**4. Work and Extracurricular Experience**

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| --- |
|  |

**5. Language Self Evaluation** (Check the appropriate box)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Native Lagunage | Excellent | Good | Fair | Poor |
| English | ☐ | ☐ | ☐ | ☐ | ☐ |
| Azerbaijani | ☐ | ☐ | ☐ | ☐ | ☐ |
| (Others: Specify) | ☐ | ☐ | ☐ | ☐ | ☐ |
| (Others: Specify) | ☐ | ☐ | ☐ | ☐ | ☐ |

**6. Desired Study Period at ADA University** (Select one of the options below)

☐ Fall Semester

☐ Spring Semester

☐ Fall and Spring Semester (1 academic year)

**7. Reason(s) for applying to ADA University Exchange Program**

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| --- |
|  |

***Attach a separate sheet, if necessary.***

**8. Study Plan (for graduate students only)**

(Describe your study plan during your stay at ADA University.)

|  |
| --- |
|  |

***Attach a separate sheet, if necessary.***