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photo

**YASAR UNIVERSITY** **DORMITORY**

**APPLICATION FORM FOR 1 SEMESTER (EURO)**

Passport No :

Name and Surname :

Gender : F M

Date and Place of Birth :

Blood Group :

Health Insurance :

Faculty/Vocational School :

Department :

Grade Preparatory School 1.year 2.year 3.year 4.year others

Mobile Phone : e-mail :

Adress :

**IN CASE OF EMERGENCY**

Name Surname :

Mobile Phone : Home Phone :

**RESIDENCE HALL (Mark the preferred option):**

**ROOM TYPE ROOM FEE DEPOSIT OPTION**

Single Room ( Basis BB ) : 1.700,00 € (one thousand seven hundred) 350,00 € (three hundred and fifty)

Double Room ( Basis BB ) : 1.100,00 € (one thousand one hundred) 350,00 € (three hundred and fifty)

Triple Room ( Basis BB ) : 975,00 € (nine hundred seventy five) 350,00 € (three hundred and fifty)

This rates for 1 semester (4,5 month). Breakfast fee inside the room rate.

**INFORMATION**

This application form, together with the required documents should be submitted to the Accommodation Office.

International students should present their Yasar University acceptance letter and/or university ID card.

**Needed documents for application;**

a) 4 photos

b) Id card and passport copy

c) Health report

d) Criminal record

-As the number of single and triple rooms are limited, please inquire regarding availability.

-Students who will study at the University for one year or more are not offered accomodation for a single semester.

-Deposit fee will be paid at the end of the semestre. ( If there is no damage in the room )

-Please indicate if you have support needs relating to a disability or chronic health problem:

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-Additional information/comments:

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-Please note that if the information and/or documents supplied are found incorrect, false or disorted, the application will not be taken into consideration.

As required by the provisions stated herein this agreement, Organization/Person accepts and undertakes that, **the personal data stored/processed within/outside University in all electronic/printed etc. spaces,** s/he will act in accordance with the provisions of “Right to Privacy” and “Protection of Personal Data” stated in Article 20 of the Constitution and the provisions of the Law No. 6698 on Protection of Personal Data; use this system to search for information about the relevant individuals for the purpose of fulfilling necessary services defined internally within the institution and essentially for his/her own work and procedures; not use this information for any other purposes; prevent illegal processing of the information; take necessary measures to ensure the appropriate level of security for the purpose of preventing illegal access to the information and for its protection; be in charge of taking the above-mentioned measures jointly with the sub-user in cases where the information obtained is processed by a sub-user; and be subject to legal and administrative sanctions in cases where the data is used in breach of the stated rules. I declare that all the information provided on this application form is correct and true. I undertake to inform the university within 15 days of any change or update to the information provided.

NAME SURNAME :

DATE :

SIGNATURE :