



UNIVERSITY OF HEALTH SCIENCES

CANDIDATE STUDENT APPLICATION FORM FOR INCOMING STUDENT

Semester:	full winter spring
Field of Study	
Name-Surname	
Date of birth and date	
Degree	Associate Degree Bachelor Master's Degree PhD
Faculty/College/Institution	
Department/Programme	
Year of study	
Grade Point Average (GPA)	
English Point	
Home Institution	
E-mail	
Telephone	
Additional Required Documents	1. (Transcript of records) 2. (Proof of Language)
Date and Signature	

University of Health Sciences - International Relations Exchange Programme Coordinator

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