



REGISTRATION FORM

ERASMUS STAFF WEEK (May 5-9, 2014)

at Çukurova University, Adana, TR

PERSONAL DATA	
Name:	Surname:
Position:	In charge of:
Email:	Phone:
INSTITUTIONAL DATA	
Name of the University:	
Address:	
Country:	
Erasmus Code:	Erasmus email:
Erasmus Coordinator:	
PROGRAM DETAILS	
In order to provide you with an interesting program according to the participants' field of interest and objectives, we kindly ask you to answer the following questions. What do you expect from the Staff Training Week at Çukurova University?	
FACULTY VISIT DAY	
Which faculty do you wish to visit on May 7, 2014?	
<input type="checkbox"/> Faculty of Agriculture	<input type="checkbox"/> Faculty of Engineering & Architecture
<input type="checkbox"/> Faculty of Medicine	<input type="checkbox"/> Faculty of Fine Arts
<input type="checkbox"/> Faculty of Economics	<input type="checkbox"/> Faculty of Law
<input type="checkbox"/> Faculty of Education	<input type="checkbox"/> Faculty of Fisheries
<input type="checkbox"/> Faculty of Science and Letters	<input type="checkbox"/> State Conservatory
<input type="checkbox"/> Karataş School of Tourism and Hotel Management	<input type="checkbox"/> Others:
Do you wish to meet students (outgoing students / incoming students) on Faculty Visit Day? YES / NO	
ERASMUS DAY + INTERNATIONAL FAIR	
I would like to hold a 10-min presentation of my university. YES / NO	I would like to represent my university at the Education Fair. YES / NO
Please list any special dietary needs:	
Signature: _____	Date:

Please send your completed application form before March 31st 2014 preferably scanned by email to incoming.erasmus@cu.edu.tr