

SUNY Cortland Enrollment Form

Dual Diploma Program – Turkey

Name: _____
(Last or Family Name) (First or Given Name) (Middle Name)

Please check the program in which you are enrolled:

- _____ Anadolu University: Teaching English as a Second Language (TESL)
- _____ Anadolu University: Business Economics
- _____ Anadolu University: Master's in Teaching English as a Second Language (TESL)
- _____ Izmir University of Economics: Economics

Entrance Date in Turkey to the Dual Diploma Program: _____
(Month/year)

Did you enter as a new student or as a transfer: _____ New _____ Transfer

Name (*exactly*) as it will appear on your passport:

CONTACT INFORMATION

Permanent Home Mailing Address:

Home Phone Number: _____

Current University Address (If different from permanent address):

Current Phone Number (If available): _____

Email: _____

Cell Phone Number: _____

PERSONAL INFORMATION

Date of Birth: _____

Male/Female: _____ M _____ F

Country of Birth: _____

Country of Citizenship: _____

EDUCATION INFORMATION

Secondary School Attended:

Name: _____

Location: _____

Enrollment Dates: _____

Diploma & Date Received (Month/Year): _____

Have you attended any other post-secondary institution prior to enrolling in this program?

_____ Yes _____ No

If yes, please complete:

Name: _____

Location: _____

Enrollment Dates: _____

Certificate, Diploma or Degree Received: _____

Date Received (Month/Year): _____

ACADEMIC ENTRANCE INFORMATION

Student Selection and Placement Exam Score: _____

Year Score was received: _____

Secondary School Grade Point Average: _____

TOEFL Score: _____ Date TOEFL was taken: _____

or

IELTS Score: _____ Date IELTS was taken: _____

How many years of English have you studied? _____

Did you enroll in the English Preparation Program prior to enrolling in the Dual Diploma Program?

_____ Yes _____ No

If yes, how many years did you attend? _____

ADDITIONAL INFORMATION

Have you been convicted of a felony? _____ Yes _____ No

Have you been dismissed and/or suspended from a college for disciplinary reasons?

_____ Yes _____ No

Do you require wheelchair-accessible housing or other accommodations for students with disabilities?

_____ Yes _____ No

If yes, please describe: _____

EMERGENCY CONTACT INFORMATION

Person to be notified in case of emergency:

Name: _____

Address: _____

Phone: _____

Relationship to you: _____

Signature: _____

Date: _____