



REPUBLIC OF TURKEY  
THE COUNCIL OF HIGHER EDUCATION (COHE)

**YÖK Scholarship Application Form for International  
Students**

for 202.....-202.... Academic Year

PHOTO

Please write all your details in this form where possible, but note that all signatures must be handwritten.

<b>Section 1 – Applicant details</b>			
<i>Personal details</i>			
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>	Other (please specify)	
First name		Middle name(s)	
Family name			
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Date of birth	D D / M M / Y Y Y Y <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Place of birth	
Nationality		Other Nationalities (if any)	
Religion			
Marital status	Single <input type="checkbox"/> Married <input type="checkbox"/>		
Native language			
Total family income			

<b>Identification</b>			
ID type			
ID number			
Passport no (if any)			
Mother's name			
Father's name			
<b>Language and Other Proficiencies</b>			
Level of Turkish language	Very good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/>	Do you have a Turkish Language Certificate ?	Yes <input type="checkbox"/> :..... No <input type="checkbox"/>
Level of foreign language 1	Foreign Language: .....	Do you have a Language Certificate ?	Yes <input type="checkbox"/> :..... No <input type="checkbox"/>
	Very good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/>		
Level of foreign language 2	Foreign Language: .....	Do you have a Language Certificate ?	Yes <input type="checkbox"/> :..... No <input type="checkbox"/>
	Very good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/>		
Level of foreign language 3	Foreign Language: .....	Do you have a Language Certificate ?	Yes <input type="checkbox"/> :..... No <input type="checkbox"/>
	Very good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/>		
GRE/GMAT/ SAT/ ABITUR/ BAC Score (if any)			
Level of the education applied for the scholarship	B.A. Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD. Degree <input type="checkbox"/>		

<b>Section 2 – Education details</b>	
<b>Information on high school or equivalent education</b>	
School Name	

Type of the school	Traditional public school <input type="checkbox"/> Traditional private school <input type="checkbox"/> Religious school <input type="checkbox"/> Virtual or online school <input type="checkbox"/> Vocational high school <input type="checkbox"/> Other <input type="checkbox"/> : .....
City/Country of the school	
Starting date to the high school	
Date of graduation (actual/foreseen)	
GPA	
<b>Information on undergraduate education</b>	
Name of the Higher Education Institution (HEI)	
City/Country of the HEI	
Field of study	
Starting date to the HEI	
Date of graduation (actual/foreseen)	
GPA	
<b>Information on graduate education</b>	
Name of the Higher Education Institution (HEI)	
City/Country of the HEI	
Field of study	
Starting date to the HEI	
Date of graduation (actual/foreseen)	
GPA	
<b>Choices of field of study (Please list down your three main study preferences)</b>	
1.	
2.	
3.	

### Section 4 - Contact details

#### Current residential address

Address					
Postal city/town				Postcode	
County				COUNTRY	
Telephone number	Country code		Area/City code		Number
Mobile number	Country code		Area/City code		Number
Personal email address					

#### Current employment address (if any)

Institution name					
Position/Job title				Department	
Address					
Postal city/town				Postcode	
County				COUNTRY	
Telephone number	Country code		Area/City code		Number
Mobile number	Country code		Area/City code		Number
Office email address					

### Section 5 – Reference Information

	<i>Reference 1</i>	<i>Reference 2</i>
Full name		
Name of the Institution/position/title		
Telephone number		
Email address		

<b>Section 6 – Other</b>	
I applied for another scholarship offered by a Turkish institution.	Yes <input type="checkbox"/> :..... No <input type="checkbox"/>
I am already receiving another scholarship from a Turkish institution.	Yes <input type="checkbox"/> :..... No <input type="checkbox"/>

I hereby confirm that the above information given is true and correct and agree to comply with the conditions of the scholarship program in case I am awarded the scholarship.		
Full Name		
Signature		Date





REPUBLIC OF TURKEY  
THE COUNCIL OF HIGHER EDUCATION (COHE)

Letter of Undertaking for "YÖK SCHOLARSHIP" HOLDERS  
for 202.....-202..... Academic Year

Please write all your details in this form where possible, but note that all signatures must be handwritten.

Full name	
Country/Nationality	
Passport Number / ID Number	
Host University	
Host Faculty	
Host Department	
Degree of Qualification	
Language of Instruction	
Contact Info (Address, Telephone Number, E-Mail)	

I ..... hereby undertake and agree that I have been selected by the Council of Higher Education (YÖK) on my request for the award of "YÖK Scholarship" to study ..... level in the programme of ..... at the University of ..... as a YÖK Scholar in compliance with the current legislation provisions and in case of breach of any of the below terms and conditions as well as those rules, terms and conditions of governing scholarship award, necessary sanctions shall be imposed.

**Terms and Conditions:**

- 1- I do hereby accept that all the measures and sanctions of Laws of the Republic of Turkey, Council of Higher Education (YÖK) regulations, Student Disciplinary Principles and Procedure of Higher Education Institutions,
- 2- Throughout my residence in Turkey under "YÖK Scholarship" Programme, I shall not make a request to change the university and the department I am enrolled in,
- 3- I acknowledge that my scholarship shall be cancelled if I fail in one-year Turkish language course,
- 4- My scholarship shall be cancelled if I am observed to pose a threat to public order, public safety or public health,
- 5- My scholarship shall be terminated if I have a GPA lower than 2,00/4 or 50/100 during my undergraduate education by taking account of the grade system of the university / My scholarship shall be concluded if I fail to pass my Masters and Doctoral level courses at the end of the first year of my studies,
- 6- After completing my education successfully, I shall serve in my home country/University of ..... for a period twice as the length of my studies in Turkey,
- 7- In case there is a conflict occurring considering this contract and concerned regulation provisions, I admit and commit that records belonging to YÖK and University will be regarded as the main evidence,
- 8- The scope of the scholarship to be given to the student consists of monthly scholarship, health insurance, tuition fee and accommodation,
- 9- I acknowledge that if the information and the documents I declare during the application, selection, and placement processes including the documents to be requested hereinafter are not compatible with the reality, a situation of false statements or concealing an impediment against taking CoHE Scholarship, the CoHE Scholarship shall be cancelled and all spending in the scope of CoHE Scholarship with legal interest will be refunded from contractor.

By signing above, I hereby acknowledge that I have completely read and fully understand this Letter of Undertaking.

<b>Full Name</b>			
<b>Signature</b>		<b>Date</b>	