# Turkish language and culture program 2024

### **Application Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personal Information** |  |  |  |  |
| Last Name |  | First Name |  |
| Street Address |  |
| Town/City |  | State |  |
| Postcode |  | Country |  |
| E-mail |  | Phone Number |  |
|  |
| Nationality |   | Place of Birth |  | Date of Birth |  |
| Gender | [ ]  Male | [ ]  Female |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Education** |  |  |  |  |
| University / Affiliation |  |
| [ ]  Undergraduate Student | [ ]  Graduate Student | [ ]  Other |
| Field of study / occupation |  |  |

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| --- | --- | --- | --- | --- |
| **Language Skills** |  |  |  |  |
| Native Language |  |
| Other language(s) you know |  |
| Number of years/terms studied Turkish; indicate the number of hours per week |  |
| Type of Turkish course attended (e.g. university-level language course, private tutoring etc.) |  |
| Title of text used |  |
| Name of the instructor |  |
| Time spent in Turkey |  |
| Please describe briefly the nature of your exposure to Turkish language (e.g. formal instruction/no formal instruction; only conversations with family/friends; self-taught etc.): |
| Please rate your proficiency level for Turkish for **each skill** by marking the appropriate level with ☒ |
|  | Elementary | Intermediate | Advanced |
| Grammar | [ ]  | [ ]  | [ ]  |
| Reading | [ ]  | [ ]  | [ ]  |
| Writing | [ ]  | [ ]  | [ ]  |
| Speaking | [ ]  | [ ]  | [ ]  |
| Listening | [ ]  | [ ]  | [ ]  |

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| --- |
| Level intended**\***: |
| Intermediate (lower) | [ ]  |  |
| Intermediate (upper) | [ ]  |
| Advanced (lower) | [ ]  |
| Advanced (upper) | [ ]  | Reading-intensive [ ]  | Speaking-intensive [ ]  | No preference [ ]  |
| **\****Please note that this questionnaire is intended to provide an estimate to the directors of the program for the class distribution. Participants will be placed in different levels based on their performance in oral and written placement tests on the first day of the program.* |
| **Payment** |  |  |
| Application fee paid | [ ]  Yes | [ ]  No |
| Date of bank transfer |  |
|  |
| Have you applied for financial support? | [ ]  Yes | [ ]  No |
| If ‘yes’, the source of financial support: | [ ]  ARIT | [ ]  FLAS |
|  | [ ]  Other (please specify): |
| Financial support received? | [ ]  Yes | [ ]  No |
| Notification of financial support pending? | [ ]  Yes | [ ]  No |
| If ‘yes’, estimated date of notification: |  |

**Please remember to:**

* **e-mail the document of transfer for your payments**
* **attach your statement of purpose**
* **make sure that your letter of recommendation is sent**