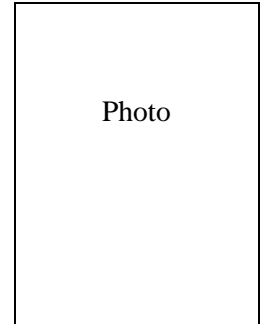


ISTANBUL MEDIPOL UNIVERSITY

STUDENT DORMITORIES

2019-2020

STUDENT INFORMATION FORM



STUDENT INFORMATION		PARENT INFORMATION	
Name-Surname		<b>Mother</b>	
ID Number/Passport Number		Name-Surname	
		Mobile Number	
Birth Place		Occupation	
		E Mail	
Birth Date		<b>Father</b>	
Department & Class		Name-Surname	
		Mobile Number	
Campus		Occupation	
Blood Group		E Mail	
Mobile Number		Mobile Number	
E Mail		<b>Mentor in Turkey</b>	
Country		Mobile Number	
		E Mail	
		Adress	

GENERAL INFORMATION

International Student	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Obstacle Situation	YES <input type="checkbox"/>	NO <input type="checkbox"/>
A chronic or long term illness	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Continously taken pills	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Smoking situation	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**\*\*if the information you have given above is incomplete or incorrect, the dormitory administration will initiate criminal proceedings against you.**