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| **CREDENTIALS / CONTACT INFORMATION / EDUCATION INFORMATION** | | | | | |
| **Name – Surname** | | |  | | |
| **Rep. of Turkey ID No.** | | |  | | |
| **Email address / Phone No.** | | |  | | |
| **Registered University** | | |  | | |
| **Registered Faculty/Graduate School** | | |  | | |
| **Registered Department/Program** | | |  | | |
| **HEALTH INFORMATION** | | | | | |
| **INDEFINITE HES Code** | | |  | | |
| **Do you have any disabilities / health issues?** (please elaborate) | | |  | | |
| **REQUESTED TIME INTERVAL** | | | | | |
| **Academic Year\*** | 20… / 20… | | Fall**\***  Spring**\*** | | |
| **Date** | …/…/20… | | **Starting – Ending Time** |  | |
| *\* These options are exclusive to TED University students. Visiting students must fill in this form once for every entry.* | | | | | |
| **REQUESTED UTILITY** | | | | | |
| Computer Lab | |  | Internet Access | |  |
| Our computer lab equipment has been made available to use for students from all universities in line with the Article 5 of the Statement No. E.31978 issued by the Council of Higher Education on May 22nd, 2020 in order to provide support for the students who do not have access to digital media **until the date face-to-face classes begin**.  The personal data you have given above will be used and stored exclusively during the pandemic limited to the sole purpose of providing these support services and will be disposed of using one of data sanitization methods such as by deleting, destroying or anonymizing. Your personal or private data will be accessible by the staff members of the University Pandemic Committee and the Office of the Secretary General. If a suspected COVID-19 case occurs on the day of service, only the contact information of the related persons will be shared with public health officials.  You can access the related documentation on the implementation of the Law No. 6698 in our University through the following link: <https://www.tedu.edu.tr/en/main/clarification-text-on-personal-data-processing>.  I hereby agree and declare that the personal and private data I have provided above is true and correct; and I consent to the processing of these data limited to the sole purpose hereby stated; I do not have any demands other than the aforementioned support offered by the University; I declare that I am going to observe the general rules in the University and any extra measures to be taken due to COVID-19 pandemic; I am going to have necessary preparations done before the exam and I agree and declare not to hold the University responsible for any interruption in Internet access, etc. during the exam.  *Applicant*  *Date / Signature* | | | | | |