**T.R.**

**ACIBADEM MEHMET ALI AYDINLAR UNIVERSITY**

**APPLICATION FORM**

**GENERAL REMARKS:**

[**Personal data owners,**](https://www.mevzuat.gov.tr/MevzuatMetin/1.5.6698.pdf) defined as "related person"("**Data Owner**")inPersonal Data Protection Law No. 6698 (“**PDPL**") are entitled to apply to the Data Controller, T.R. Acıbadem Mehmet Ali

1. Aydınlar University (“**University**”) regarding the processing of their personal data, related to the rights listed in article 11 of PDPL. Pursuant to the first paragraph of article 13 of PDPL; the applications to be made to our University with the title of data controller, regarding the rights granted under the Law, must be delivered to us in accordance with the specified procedures [**in the Clarification Text**](https://www.acibadem.edu.tr/assets/kvkk/aydinlatma-metni.pdf) or other methods determined by the Personal Data Protection Board ("**Board**”).

**APPLICATION METHODS:**

For the applications to be made within the PDPL, according to the article 5/2 of The Communiqué on Procedures and Principles of the Application to Data Controller, which is published on Resmi Gazete (Official Gazette) dated 03.10.2018 and numbered 30356 and entered into the force, it is obligatory provide name, surname and signature if the application is written, T.R. ID No for Turkish citizens, nationality for foreigners, passport number or identification number if any, place of residence or workplace address for notification, e-mail address for notification if any, telephone and fax number, and the subject of request related to the data owner.

In order to respond to your requests in a healthy way, it is important that your request content is clear, understandable and historically determinable. For this reason, it is necessary to fill in the information and documents, requested from you with this application form, completely and accurately and to apply to our University in the following ways.

* **Written Applications:**

Written applications to our university should be made through one of the methods below together with a*wet signed*copy of hereby " Application form ”.

* + It must be submitted **personally** with an identity document to the Documents Registration Office of our university, or **by proxy** with a notarized proxy indicating that it is authorized to make an application regarding the rights listed under Article 11. or
	+ By delivering through **Notary** to “ **Acıbadem Mehmet Ali Aydınlar Üniversitesi Rektörlüğü Kayışdağı Cd. No: 32, 34752 Ataşehir/Istanbul**"
* **Electronic Applications:**

Electronic applications for our university must be made through one of the following methods, together with the "*Application form*:

* It must be signed with an electronic or mobile signature with a "*safe* *electronic signature*" certificate, defined in the Electronic Signature Law No. 5070, and sent to acibademuniv@hs02.kep.tr which is the Registered Electronic Mail" (REM) address of our University, or
* it must be delivered by using the e-mail address of the applicant, which was previously notified to our University by the relevant person and registered in the system of our University and sending an electronic mail to kvkk@acibadem.edu.tr address

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In addition, after the announcement of other methods to be determined by the Board, our University will receive applications through the methods specified.

Your applications submitted to us will be responded within the legal period thirty (30) days, from the date your request is received by us, in accordance with paragraph 2 of Article 13 of the PDPL. Our responses shall be sent to you written or electronically in accordance with Article 13 of the PDPL.

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**INFORMATION ABOUT THE APPLICANT**

|  |  |
| --- | --- |
| **Name .............................** | **:** |
| **Last Name ......................** | **:** |
| **T.R. Identity No ............** | **:** |
| **For Foreigners:** |  |
|  |  |  |
| **Nationality ...........................** | **:** |
| **Passport Number/** |  |
| **Identification Number ........** | **:** |
| **E-mail address ................** | **:** |
| **Address.................................** | **:** |
| **Cell Phone Number ..................** | **:** |
| **Fax .....................................** | **:** |

**Please indicate your relationship with our institution.**

|  |  |
| --- | --- |
| □ Student | □ Employee candidate/Job application |
| □ Employee | Please indicate the application date and position applied: |
| □ Patient | □ Graduated |
| □ Visitor | Please indicate your Graduation year and department: |
| □ Student Parent | □ Third party company employee |
| □ Former employee | Please indicate the company/institution and position that you work for: |
| Please indicate the year and position that you work: | □ Other (supplier, business partner, etc.) |
|  | Please specify the company/institution name: |
|  |  |
| Interviewed in our institution with: |  |
| Unit/Person: |  |
| Subject: |  |
|  |  |

1. **Please specify your request in details within the PDPL:**

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1. **Please choose the method of notifying you of the response to your application:**

I want it to be sent to my address.

I want it to be sent to my e-mail address.

(If you choose the email method, we'll be able to respond to you faster.)

I want to receive it by hand.

(In case of the delivery by proxy, it is required to have a notarized proxy or a certificate of authority*.)*

This “*Application* *Form*”, has been issued in order to determine your relationship with our University, to precisely identify your personal data processed by our University if any, and to respond to your relevant application within the accurate and legal period. Our University reserves the right to request additional documents related to the identification and/or authorization determination or your request in regard of your application in order to prevent legal risks that may arise from unlawful and unfair data sharing, and especially to ensure the security of your personal data and to make a healthy examination about your request. In the event that the information regarding your request that you are submitting is not correct and up-to-date or an unauthorized application is made to our University, our University shall not be responsible for misinformation or unauthorized application related requests.

In line with the above-mentioned requests, I would like to be evaluated on my application to your University in accordance with Article 13 of the Law and to be informed.

Applicant (Personal Data Owner or Parent)

Name, Last Name :

Date :

Signature :

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