**ISTANBUL 29 MAYIS UNIVERSITY**

**ERASMUS PROGRAMME**

 **CERTIFICATE OF ATTENDANCE**

**Sending Institution: ISTANBUL 29 MAYIS UNIVERSITY (TR ISTANBU43)**

**Student’s Full Name:……………………………………………………………………….**

**Student’s Faculty/Department:…………………………………..........................................**

**Hereby it is confirmed that above mentioned student has been registered as a full time placement student to our institution as an Erasmus student.**

**From (DD/MM/YYYY):……………………………………………………**

**To (DD/MM/YYYY):……………………………………………………….**

**Host Insstitution:……………………………………………………………**

**Name of the Authorised Person and Function at Host Institution**

**……………….........……………………………………………………………………………………**

**Date:……………………………..**

**Signature Stamp**

*This Certificate of Attendance has to be returned by the Erasmus student to the International Office.*