

ANKARA UNIVERSITY

LIFELONG LEARNING /ERASMUS PROGRAMME

Certificate of Attendance

Sending Institution: ANKARA UNIVERSITY	(TR ANKARA01)
Student's Full Name:	
Student's Faculty/Department:	
Hereby it is confirmed that above mentioned s student to our institution as an Erasmus stude	C
From (DD/MM/YYYY):	
To (DD/MM/YYYY):	
Host Institution:	
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 Ankara University EU Office.