

**ERASMUS+ (STUDY) / CERTIFICATE OF ATTENDANCE**

Sending Institution: UFUK UNIVERSITY / ANKARA (TR ANKARA19)

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

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

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

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

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

Host Institution:……………………………………………………………………………………………………………………………………

Name and Title of the Authorised Personnel at the Host Institution:…………………………………………………… …………………………………………………………………………………………………………………………………………………………….

Date:………/………./……………….

Signature Stamp

This Certifiacte of Attendance has to be returned by the Erasmus+ student to Ufuk University International Relations and Erasmus+ Office.