**MALTEPE UNIVERSITY**

 **ERASMUS PROGRAMME**

**Certificate of Attendance**

**Sending Institution: MALTEPE UNIVERSITY (TR ISTANBU018)**

**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 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 Maltepe University Erasmus Office.**