

COORDINATION OFFICE



## **CERTIFICATE of ATTENDANCE**

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	Sending Institution:
	Student's Name-Surname:
	Student's Department/Faculty:
	Hereby it is confirmed that above mentioned student has been registered as a full time student to our institution as an Erasmus student.
	From: To :
	Name of the Host Institution: Selcuk University Name of Authorised person and Function at Host Institution:
	Date:
3	

**SIGNATURE & STAMP**