Selçuk University



LLP/Erasmus Coordination Office Tel: +90 332 223 2551 & Fax: +90 332 2414082

[erasmus@selcuk.edu.tr](mailto:erasmus@selcuk.edu.tr) [www.selcuk.edu.tr](http://www.selcuk.edu.tr/)

CERTIFICATE of ATTENDANCE

**Sending Institution:** SELCUK UNIVERSITY (TR KONYA01)

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(Day/Month/Year): ……………………….…………………………………

To (Day/Month/Year): ……………………………………………………………….

Name of the Host Institution: ………………………………………………………..

Name of Authorised person and Function at Host

Institution:....................................................................................................

Date: ……………………….

SIGNATURE & STAMP