**ERASMUS+ PROGRAMME**

**STUDENT MOBILITY FOR STUDIES**

**20.. - 20.. Academic Year**

**CERTIFICATE OF ATTENDANCE**

**Home University:** TED University (TR ANKARA18)

**Student’s Full Name:**

**Faculty and Department:**

This is to confirm that the abovementioned student was enrolled as a full time student at our institution within the Erasmus+ Programme Student Mobility for Studies

**From (DD/MM/YYYY):** …………………………… (The first day that the student was present at our institution).

**To (DD/MM/YYYY):** …………………………… (The last day that the student was present at our institution).

**Host Institution:**

**ID code of the host institution:**

**Name of signatory:**

**Position / Title:**

**Date:**

**Signature:**

**Stamp:**