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**STUDENT MOBILITY FOR STUDIES**

**20../2.. Academic Year**

**CERTIFICATE OF ARRIVAL**

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

**Student’s Full Name:**

**Faculty and Department:**

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

**From (DD/MM/YYYY):**

**Host Institution:**

**Erasmus Code:**

**Name of signatory:**

**Position / Title:**

**Date:**

**Signature:**

**Stamp:**