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**KÜTAHYA HEALTH SCIENCES UNIVERSITY**

LIFELONG LEARNING /ERASMUS PROGRAMME   
  
Certificate of Attendance   
  
  
Sending Institution: Kütahya Health Sciences University (TR KUTAHYA02)   
  
Student’s Full Name: ..................................................................................   
  
Student’s Faculty/Department:.................................................................................   
  
  
Hereby it is confirmed that above mentioned student has been registered as a full time   
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 Ankara   
University EU Office.