****

**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.