Dear Colleague,

This form is used to record the duration of the study of following student, while she/he is an Erasmus student at your institution.

Thank you very much for your collaboration.

Istanbul Medipol University
International Office

Student Name:

Faculty / Department:

Date of arrival:

Signature of student:

Signature and name of faculty/departmental coordinator:

__________________________________________________________

The above student has completed the course of study at our institution as per the bilateral agreement between our two institutions.

Date of departure:

Signature of student:

Signature of Erasmus Coordinator: