

ERASMUS+ DURATION SHEET

It is hereby certified that

Mr./Ms. _____ from YEDİTEPE UNIVERSITY

has completed his/her internship as an Erasmus student at our institution:

ID code of the host institution (if any) _____

To be completed by the host institution:

For Physical Mobilities

From ____ / ____ / ____

To ____ / ____ / ____

For Virtual Mobilities from the home country, if any (This part should be filled only if a part of the mobility has been carried out virtually while the student is at the home country)

From ____ / ____ / ____

To ____ / ____ / ____

Name of signatory _____

Function _____

Date: _____

Signature and stamp