



GİRESUN UNIVERSITY

AB Erasmus Office
GİRESUN, TURKEY

Date:

Dear Colleague:

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

Thank you very much for your collaboration.

EU Office

Student Name:

Faculty/ department:

Date of Arrival:

Signature of Student:

Signature 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:

Date: