Ordu, ...../....../202...

**TO WHOM IT MAY CONCERN**

The student whose personal identification is given below has been admitted as an Erasmus student, and will be visiting the ……. *University in ………* for *5 months* within the framework of Erasmus+ programme during the autumn term from *August 15th,202... to January 15th, 202…* in 202…-202…. Academic year.

I hereby declare that all necessary permissions have been granted for the student who will be provided with *…….* Euros per calendar month by Ordu University during *his/her* stay in *……….* under the framework of the Erasmus+ programme.

Regards.

|  |
| --- |
| Lecturer Selin YURDAKUL |
| Erasmus Institutional Coordinator |

|  |  |
| --- | --- |
| Surname  | : |
| Name  | **:** |
| Birthdate  | **:** |
| Place of birth  | **:** |
| Faculty  | **:** |
| Department  | **:** |